2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P9400001900** 1. Entity Name RANKAS, INC. 04-25-2001 90128 029 ***150.00 Principal Place of Business Mailing Address 1832 YOUNG CIR 2132 MIDDLE RIVER DR FORT LAUDERDALE FL 33305 4 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 2132 Middle River Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0456760 Not Applicable \$8.75 Additional บรด 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUBINSKY, RONALD Street Address (P.O. Box Number is Not Acceptable) 1832 YOUNG CIR HOLLYWOOD FL 33020 City Zip Code Fl 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE (\$ \$150.00) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD ☐ Delete CR2E034 (10/00) TITLE TITLE ☐ Addition ☐ Change DUBINSKY, RONALD NAME STREET ADDRESS 1832 YOUNG CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Addition TITLE ☐ Delete TITLE ☐ Change DUBINSKY, NANCY NAME NAME 1832 YOUNG CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF HOLLYWOOD FL 33020 TITLE ☐ Delete TITLE ☐ Channe ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an addre