2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am P94000024383 DOCUMENT # **Secretary of State** 1. Entity Name 02-04-2002 90135 046 ***150.00 RONILTON, INC. Mailing Address Principal Place of Business 2101 W.COMMERCIAL BLVD 2101 W.COMMERCIAL BLVD **SUITE 4100** SUITE 4100 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0572836 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBERT S. FORMAN ESQ. Street Address (P.O. Box Number is Not Acceptable) 2101 W.COMMERCIAL BLVD **SUITE 4100** FT:LAUDERDALE FL 33309 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change ☐ Delete TITLE **PSTD** TITLE **LUCIANO CATTANEO** NAME NAME STREET ADDRESS 2101 W.COMMERCIAL BLVD., #4100 STREET ADDRESS FT.LAUDERALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 10 or Block 12 in changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE: SIGNATURE AND TYPEU OF PRINTED NAME OF SIGNING OFFICER OF DIE

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