

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004923

1. Entity Name

RANIERI OF AMERICA CORPORATION

Principal Place of Business

19239 SKYRIDGE CIRCLE  
BOCA RATON FL 33498-6210  
US

Mailing Address

19239 SKYRIDGE CIRCLE  
BOCA RATON FL 33498-6210  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DE RANIERI, SONIA REGINA  
21558 ST. ANDREWS GRAND CIRCLE  
BOCA RATON FL 33486-8670

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

19239 SKYRIDGE CIRCLE

City

BOCA RATON

FL

Zip Code

33498

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DE RANIERI, SONIA R  
STREET ADDRESS 19239 SKYRIDGE CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33498

TITLE VD ☐ Delete  
NAME DE RANIERI, MARCUS V  
STREET ADDRESS 19239 SKYRIDGE CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33498

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 address, with all other like empowered.

SIGNATURE: x

*Sonia R De Ranieri*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/01 (305) 262-2023  
Date Daytime Phone #

FILED  
Apr 13, 2001 8:00 am  
Secretary of State

04-13-2001 90045 008 \*\*\*150.00

00035642



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0547807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (10/00)