

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030091

1. Entity Name

RON ONA, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90014 039 ***150.00

Principal Place of Business
6057 SW 18th Street
Hollywood, FL 33023

Mailing Address
6057 SW 18th Street
Hollywood, FL 33023

2. Principal Place of Business
2626 Johnson St.

3. Mailing Address
P.O. Box 5146

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip
33020

Country

Zip
33083

Country

4. FEI Number
65-0671929

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Ona, Ron
6057 SW 18th Street
Hollywood, FL 33023

7. Name and Address of New Registered Agent

Name
Ona, Ron

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

2626 Johnson St., Suite 1

City
Hollywood

FL

Zip Code
33020

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 D Ona, Ron ☐ Delete
NAME
STREET ADDRESS 6057 SW 18th Street
CITY-ST-ZIP Hollywood, FL 33023

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Ona, Ron ☐ Change ☐ Addition
NAME
STREET ADDRESS 2626 Johnson St., Suite 1
CITY-ST-ZIP Hollywood, FL 33020

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

Daytime Phone #

CR2E034 (11/00)