

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031870

1. Entity Name

RONAR MARKETING ASSOCIATES, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90040 008 \*\*\*150.00

Principal Place of Business

Mailing Address

5535 NW 54 CIR.  
COCONUT CREEK FL 33073

5535 NW 54 CIR.  
COCONUT CREEK FL 33445-3469

2. Principal Place of Business

500 N. CONGRESS AVE.

3. Mailing Address

500 N. CONGRESS AVE.

Suite, Apt. #, etc.

B110

Suite, Apt. #, etc.

B110

City & State

DELRAY BEACH, FL.

City & State

DELRAY BEACH, FL.

Zip

33445

Country

PALM BEACH

Zip

33445

Country

PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0667667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NARAYAN, YEAWANGE  
5535 NW 54 CIR.  
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name

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

500 N. CONGRESS AVE. SUITE B110

City

DELRAY BEACH

FL

Zip Code

33445

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
NARAYAN, YEAWANGE  
5535 NW 54 CIR.  
COCONUT CREEK FL 33073

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
500 N. CONGRESS AVE. SUITE B110  
DELRAY BEACH, FL. 33445

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

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

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

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:

NARAYAN, YEAWANGE NARAYAN

4/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)