

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90966 012 ***150.00

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DOCUMENT # P96000031870

1. Entity Name

RONAR MARKETING ASSOCIATES, INC.



Principal Place of Business

500 N CONGRESS AVE

B110

DELRAY BEACH FL 33445

Mailing Address

500 N CONGRESS AVE

B110

DELRAY BEACH FL 33445

2. Principal Place of Business

3549 W. ATLANTIC BLVD

3. Mailing Address

3549 W. ATLANTIC BLVD

Suite, Apt. #, etc.

609

Suite, Apt. #, etc.

609

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33069

Country

USA

Zip

33069

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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

500 N CONGRESS AVE SUITE B110

DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

NARAYAN, YEAWANGE

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

3549 W. ATLANTIC BLVD. #609

City

Pompano Beach

FL

Zip Code

33069

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature] Y. NARAYAN

4/26/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST NARAYAN, YEAWANGE 500 N CONGRESS AVE SUITE B110 DELRAY BEACH FL 33445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NARAYAN, YEAWANGE 3549 W. ATLANTIC BLVD #609 Pompano Beach FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 11 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

[Signature] NARAYAN

4/26/03

954-917-2491

Date

Daytime Phone #

CR2E034 (10/02)