

2002 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

06-05-2002 90413 008 \*\*\*150.00

DOCUMENT # **P96000063422**

1. Entity Name

**RATANA, Incorporated**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**c/o Al Loo**

3. Mailing Address

**112 SW 14th**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2810 E Oakland Park Blvd**

City & State

**Fort Lauderdale FL**

City & State

**Pompano Beach FL**

Zip **33306**

Country **US**

Zip **33060**

Country **Broward**

4. FEI Number

**65-0827501**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE IN THIS SPACE**

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

**X Eva M. Aronow**

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

(NOTE: Registered Agent signature required when reinstating)

**6/1/02**

DATE

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 **President**  
NAME **EVA ARONOW**  
STREET ADDRESS **112 SW 14th**  
CITY-ST-ZIP **Pompano Beach FL 33060**

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**DO NOT WRITE IN THIS SPACE**

**Taxpayer  
Previous Address  
was 341 SE 12 Ave  
Pompano Beach,  
FL 33060  
Form was NOT  
Received To Date.  
Please accept  
this substitute  
form + allow for  
the delay.**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**X Eva M. Aronow**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/1/02**

Date

Daytime Phone #

CR2E034B (12/01)