2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90749 001 ***750.00

DOCUMENT # P97000107878

1. Entity Name
RONY SHIPPING ✓

Principal Place of Business
555 NW South River Dr.
Miami, FL 33136

Mailing Address

2. Principal Place of Business
555 NW S. River dr.
Suite, Apt. # etc.
City & State
Miami FL
Zip 33136 Country USA

3. Mailing Address
1549 NE 164 St
Suite, Apt. # etc.
Miami, FL 33162
City & State
Zip 33162 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650801211 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Coutchard Point Du Jour
1549 NE 164 St
Miami, FL 33162

7. Name and Address of New Registered Agent

Name Rony Michel
Street Address (P.O. Box Number is Not Acceptable)
470 NW 124 St
City Miami FL Zip Code 33168

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 Rony Michel Rony Michel 4/27/01
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered agent signature required when changing registered agent) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P/S~~ PRESIDENT RONY Michel 470 NW 124 St Miami, FL 33168	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-PRESIDENT Michel & Muller 470 NW 124 St Miami, FL 33168	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Rony Michel - President 4/27/01 305-944-5523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #