

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011943

1. Entity Name

RONAN INVESTMENTS, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90042 045 ***150.00

Principal Place of Business

Mailing Address

~~5740 SW 58 PL~~
~~S MIAMI FL 33143~~
US

~~5740 SW 58 PL~~
~~S MIAMI FL 33143~~
US

701906



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6697 SW 70 Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

65-0812132

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGRAM, RONALD L R L
5740 SW 58 PL
S MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

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

6697 SW 70 Ave

City

Miami

FL

Zip Code

33143

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	ST	<input type="checkbox"/> Delete
NAME	MAGRAM, SELMA	
STREET ADDRESS	5740 SW 58 PL	
CITY-ST-ZIP	S MIAMI FL 33143	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAGRAM, RONALD L	
STREET ADDRESS	5740 SW 58 PL	
CITY-ST-ZIP	S MIAMI FL 33140	
TITLE	V	<input type="checkbox"/> Delete
NAME	KIRSNER-CANTO, NANCY DR.	
STREET ADDRESS	6251 CORAL LAKE DRIVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6697 SW 70 Ave	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6697 SW 70 Ave	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Ronald L Magram, Pres

Date

1/16/01

Daytime Phone #

305-740-7979

CR2E034 (10/00)