

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90079 023 \*\*\*150.00

DOCUMENT # P98000037999

1. Corporation Name

2500 Rone Associates, Inc.

Principal Place of Business

407 Lincoln Road  
Suite #704  
Miami Beach, FL 33139

Mailing Address

407 Lincoln Road  
Suite #704  
Miami Beach, FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/28/98

4. FEI Number

65-0840791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 407 Lincoln Rd.

Suite, Apt. #, etc.

22 #704

City & State

23 Miami Beach, FL

Zip

24 33139

Country

25 USA

2a. Mailing Address

26 407 Lincoln Rd

Suite, Apt. #, etc.

27 #704

City & State

28 Miami Beach, FL

Zip

29 33139

Country

30 USA

9. Name and Address of Current Registered Agent

A2 Registered Agent Corp.  
2601 S. Bayshore Dr  
Suite #1600  
Miami, FL 33133

10. Name and Address of New Registered Agent

81 Name

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

83 9700 S. Dixie Hwy

84 Suite # 900

City

Miami

FL

85 Zip Code

33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-99

12. OFFICERS AND DIRECTORS

TITLE DPT Jonathan D. Bellina ☐ DELETE

NAME 407 Lincoln Road

STREET ADDRESS Suite #704

CITY-ST-ZIP Miami Beach, FL 33139

TITLE V.P./D ☐ DELETE

NAME John Bellina 407 Lincoln Road

STREET ADDRESS Suite #704

CITY-ST-ZIP Miami Beach, FL 33139

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

Date

305-673-1101

Daytime Phone #

CR2E034 (1/198)