

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089529

1. Entity Name

R. N. J. MANAGEMENT, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90052 050 \*\*\*150.00

Principal Place of Business

22333 SW 66 AVE #1110  
BOCA RATON FL 33428

Mailing Address

22333 SW 66 AVE #1110  
BOCA RATON FL 33467-7209

2. Principal Place of Business

6987 Thicket Trace

3. Mailing Address

6987 Thicket Tr.

Suite, Apt. #, etc.

Lake Worth

Suite, Apt. #, etc.

Lake Worth, FL.

City & State

City & State

Zip

33467

Country

U.S.A.

Zip

33467

Country

U.S.A.

4. FEI Number

65-0872762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NITTOLO, ROBERT

22333 SW 66 AVE #1110  
BOCA RATON FL 33428

Name

Robert Nitto

Street Address (Box Number is Not Acceptable)

6987 Thicket Trace

City

Lake Worth

FL

Zip Code

33467

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

1/6/00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	NITTOLO, ROBERT	
STREET ADDRESS	22333 SW 66TH AVE #1110	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	Pres. Robert Nitto	<input type="checkbox"/> Delete
NAME	6987 Thicket Tr.	
STREET ADDRESS	Lake Worth, FL 33467	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

561-963-6195

Daytime Phone #