

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092158

1. Entity Name
RATOFF, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90035 011 ***150.00

Principal Place of Business
10332 WELLEBY ISLES LANE
SUNRISE FL 33351

Mailing Address
10332 WELLEBY ISLES LANE
SUNRISE FL 33351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2102 N. University Dr.
Suite, Apt. #, etc.
SUNRISE, FL 33322
City & State

3. Mailing Address

2102 N. University Dr.
Suite, Apt. #, etc.
SUNRISE, FL
City & State

4. FEI Number 65-0871737

Applied For
Not Applicable

Zip
33322

Country

Zip
33322

Country

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

RATOFF, RON
10332 WELLEBY ISLES LANE
SUNRISE FL 33351

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATOFF, RON 10332 WELLEBY ISLES LANE SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RON RATOFF

4/29/01

Date

800-798-7625

Daytime Phone #

CR2E034 (10/00)