

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002697

1. Entity Name

RNG, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90033 026 \*\*\*158.75

Principal Place of Business

Mailing Address

7320 RED ROAD  
MIAMI FL 33143

7320 RED ROAD  
MIAMI FL 33143-5312

2. Principal Place of Business

*No Change*

3. Mailing Address

*No Change*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GANGEMI, LAURA A  
C/O KIRKPATRICK & LOCKHART, LLP  
20TH FLOOR, 201 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name *RONALD N. Gangemi, Jr.*

Street Address (P.O. Box Number is Not Acceptable)  
*1065 ALFONSO AVENUE*

City *CORAL GABLES FL* Zip Code *33146*

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 *Ronald N. Gangemi, Jr.*

(NOTE: Registered Agent signature required when reinstating)

*3/27/2000*

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

TITLE *Director* ☒ Delete  
NAME *LAURA Gangemi*  
STREET ADDRESS *1065 ALFONSO AVENUE*  
CITY-ST-ZIP *CORAL GABLES, FLORIDA 33146*

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *SOLE Director, Pres + Secy* ☒ Change ☐ Addition  
NAME *RONALD N. Gangemi, Jr.*  
STREET ADDRESS *1065 ALFONSO AVENUE*  
CITY-ST-ZIP *CORAL GABLES FLORIDA 33146*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 lists empowered.

SIGNATURE: *Ronald N. Gangemi, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*RONALD N. Gangemi, Jr. D/P/S*

Date *3/27/2000*

Daytime Phone *(305) 4668118*