

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042353

1. Entity Name

RNG & ASSOCIATES, INC.

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90092 007 ***150.00

Principal Place of Business

13876 SW 56 STREET
SUITE 154
MIAMI FL 33139

Mailing Address

13876 SW 56 STREET
SUITE 154
MIAMI FL 33175-6021

2. Principal Place of Business

782 N.W. LE JEUNE Rd.

Suite, Apt. #, etc.

SUITE #1

City & State

MIAMI FL.

3. Mailing Address

782 N.W. LE JEUNE Rd.

Suite, Apt. #, etc.

SUITE #1

City & State

MIAMI FL.

Zip

33126

Country

U.S.A.

Zip

33126

Country

U.S.A.

4. FEI Number

65-0982251

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, LIZ
1211 SW 126 PLACE
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name

STEPHAN VAINSTOCK

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

782 N.W. LE JEUNE Rd. SUITE #1

City

MIAMI

FL

Zip Code

33126

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, 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 PD
NAME GARCIA, RALPH N
STREET ADDRESS 13876 SW 56 STREET
CITY-ST-ZIP MIAMI FL 33139 ☒ Delete

TITLE VPD
NAME SHLAGMAN, STEPHEN
STREET ADDRESS 610 WASHINGTON AVENUE SUITE 1
CITY-ST-ZIP MIAMI FL 33139 ☒ Delete

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 PD
NAME GARCIA RALPH
STREET ADDRESS 782 N.W. LE JEUNE Rd. SUITE #1
CITY-ST-ZIP MIAMI FLORIDA 33126 ☐ Change ☐ Addition

TITLE VPD
NAME SHLAGMAN STEPHEN
STREET ADDRESS 782 NW LE JEUNE Rd. SUITE #1
CITY-ST-ZIP MIAMI FLORIDA 33126 ☐ Change ☐ Addition

TITLE STD.
NAME GARCIA ANTHONY
STREET ADDRESS 782 NW LE JEUNE Rd. SUITE #1
CITY-ST-ZIP MIAMI FLORIDA 33126 ☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

STEPHAN SHLAGMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 305-448-3690

Date

Daytime Phone #

CR2E034 (9/99)