

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000104920

1. Entity Name

RONIS & RONIS ENTERPRISES, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90056 009 \*\*\*150.00

Principal Place of Business Mailing Address  
10166 BROOKSVILLE LANE 10166 BROOKSVILLE LANE  
BOCA RATON FL 33428 BOCA RATON FL 33428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Kellie Coners Broad St. Del. 10188 Brookville Ln.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Boca Raton FL Boca Raton FL  
Zip Country Zip Country  
33431 USA 33428 USA

4. FEI Number 65-0964973  
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

KEELEY, JOSEPH F  
2424 N FEDERAL HWY  
SUITE 314  
BOCA RATON FL 33431

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Stanley Ronis	10188 Brookville Ln.	Boca Raton FL 33428	<input type="checkbox"/>
Vice President	Carol Ronis	10188 Brookville Ln.	Boca Raton FL 33428	<input type="checkbox"/>
Sec. / Treasurer	Kevin Ronis	10188 Brookville Ln.	Boca Raton FL 33428	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: X Stanley Ronis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/00 561 9888066  
Date Daytime Phone #

CR2E034 (9/99)