2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State
04-23-2000 90030 034 ***150.00

DOCUMENT # S38525

1. Entity Name

RANACOL, INC.

Principal Place of Business	Mailing Address
1657 W 39TH PLACE HIALEAH FL 33012-7014 US	1657 WEST 39TH PLACE HIALEAH FL 33012-7014 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3642 W 16 AVE Suite, Apt. #, etc.	3642 W 16 AVE Suite, Apt. #, etc.
City & State: Hialeah, FL	City & State: Hialeah, FL
Zip: 33012 Country:	Zip: 33012 Country:

4. FEI Number 65-0255732 ☐ 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
GLUCK, MAURICIO 1630 WEST 38TH PLACE HIALEAH FL 33012	Name Street Address (P.O. Box Number is Not Acceptable): 3642 W. 16 AVE City: Hialeah FL Zip Code: 33012

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	DP BAUMOHL, GEZA 1630 WEST 38TH PLACE HIALEAH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3642 W 16 AVE Hialeah, FL 33012	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MAURICIO, GLUCK 1630 W 38TH PL HIALEAH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3642 W. 16 AVE Hialeah, FL 33012	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: Stellamaris Gluck SIGNATURE REQUIRED 3/16/00 305 362-4512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #