## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2000 8:00 am Secretary of State 04-23-2000 90030 034 \*\*\*150.00

DOCUMENT # \$38525	
1. Entity Name	
RANACOL, INC.	
Principal Place of Business	Mailing Address
1657 W 39TH PLACE	1657 WEST 39TH PLACE
HIALEAH FL 33012-7014 US	HIALEAH FL 33012-7014 US
2. Principal Place of Business	3. Mailing Address 2842 W 16 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	. Ality & State

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DO NOT WRITE IN THIS SPACE

Midleah It	Night and	7 4	65-0255732	Applied For Not Applicable		
33012 Country	33012 °°	untry 5		.75 Additional Required		
6. Name and Address of Current Re	gistered Agent		. Name and Address of New Registered Age	nt		
		Name				
GLUCK, MAURICIO 1630 WEST 38TH PLACE HIALEAH FL 33012		Street Address (P.O. Box Number is Not Acceptable)				
		24217 11).11, 111				
		070	0.70	Zin Code		
	City Alan	leah FL	33012			
8. The above named entity submits this statement for the	he purpose of changing its regist	ered office or registered	agent, or both, in the State of Florida.	<del></del>		
5. The above harmon criticy addition and statement to a	no parpage of criaing ing its region					
SIGNATURE	title if applicable (NOTE: Regist	ered Agent signature required who	en reinstating) DATE			
	FILE NOW!!! FE			<del></del>		
9. This corporation is eligible to satisfy its Intangible	10. Election Campaign Financing	\$5.00 May Be				
Tax filing requirement and elects to do so.	After MAY 1, 2000 Fe		Trust Fund Contribution.	Added to Fees		
(See criteria on back)	Make Check Payable to					
11. OFFICERS AND DI	RECTORS 1:	2.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11		
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NAME BAUMOHL, GEZA	N	AME	11-11-000			
STREET ADDRESS 1630 WEST 38TH PLACE	S	TREET ADDRESS	W W HOL			
CITY-ST-ZIP HIALEAH FL	С	ITY-ST-ZIP	1129h, FL 33017			
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NAME MAURICIO, GLUCK		AME	1- 11 2 1			
STREET ADDRESS 1630 W 38TH PL	. s	TREET ADDRESS 363	12 W. 16 HUE			
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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						

SIGNATURE: