## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 254079**

1. Entity Name

RAMSAY ENTERPRISES, INC.

Principal Place of Business 1700 S. OCEAN BLVD.. #19-C POMPANO BEACH FL 33062

Mailing Address

1700 S. OCEAN BLVD., #19-C POMPANO BEACH FL 33062

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	 
ar i e		 

FILED Apr 03, 2001 8:00 am Secretary of State 04-03-2001 90019 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

City P State			City & State	<del></del>		_   A F	El Number	0.007000		I IAc	plied For
City & State		Oily & State			4. FEI Number 59-0967620			No	t Applicable		
Zip		Country	Zip Coun			5. Certificate of Status Desired		us Desired	S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
					Name						
RAMSAY, GRANVILLE L 1700 S. OCEAN BLVD., #19-C POMPANO BEACH FL 33062			-	Street Address (P.O. Box Number is Not Acceptable)							
POW	PANO DEP	(C)11 FL 33002	-		City				FL	Zip Cod	e
8. The above	named entit	y submits this statement for the	ne purpose of changing its	registered	office or r	egistered ag	ent, or both, in th	e State of Florid	a.		}
SIGNATURE _	Signature, typeo	d or printed name of registered agent and	title if applicable. (NOTE	; Registered Ag	gent signature	required when re	instating)		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 After MAY 1, 2001 Fee Make Check Payable to De				)1 Fee wi	II be \$55	0.00 of State	Trust Fund	ampaign Finance d Contribution.		Àddec	May Be I to Fees
11.	<u></u> .	OFFICERS AND DI	RECTORS	12.		AD	DITIONS/CHAN	GES TO OFFICE			S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7124 N.W	VSD Delete RAMSAY, SUZANNE L 7124 N.W. 72ND AVE MIAMI FL		TITLE NAME STREET /	E SAME ET ADDRESS 1700 S. OCEAN BIYD # 1					Change - C	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC RAMSAY,	C Delete MSAY, GRANVILLE L 24 N.W. 72ND AVE		TITLE NAME STREET	ADDRESS -ZIP	SAME SAME 1700S	•	Blvd	# 19	E√effange ?— ⊂.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIZAWI T		☐ Delete	TITLE NAME STREET	ADDRESS		·	.,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET /	ADDRESS -ZIP			,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS: CITY-ST-ZIP			□ Delete	TITLE NAME STREET A	ADDRESS - ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that th	ne information supplied with th	☐ Delete	CITY-ST		d in Section	119 07(3)(i). Flori	da Statutes. I fu		☐ Change	Addition

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.