


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

08-20-2003 90051 033 \*\*\*150.00

**DOCUMENT # P01000063311**

1. Entity Name  
**RAMDELSA INC.**



Principal Place of Business  
8007 KIMBERLY BLVD.  
NORTH LAUDERDALE, FL 33068

Mailing Address  
8007 KIMBERLY BLVD.  
NORTH LAUDERDALE, FL 33068

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1116303** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ESTEVEZ, RAMON**  
3920 N.W. 108TH AVENUE  
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when withdrawing)

**FILE NOW!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ESTEVEZ, RAMON</b> <b>3920 N.W. 108TH AVENUE</b> <b>CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ESTEVEZ, DELSA</b> <b>3920 N.W. 108TH AVENUE</b> <b>CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Ramon Esteve* **8-18-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #

CR2E034 (10/02)

**Ramdelsa Inc.**

Attachment #

8007 Kimberly Blvd.  
North Lauderdale, FL 33068  
Tel# (954) 718-0800

80139267  
P01000063311

August 14, 2003

Florida Department of State  
Division of Corporation  
Uniform Business Report Filings

P.O. Box 1500  
Tallahassee, FL 32302-1500

Ref: Uniform Business Report  
P01000063311  
2003 UBR

Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00 for my 2003 Uniform Business Report. We really sorry but We never received the original. Please accept this filling and wave any late charges. Thank you.

Sincerely,



Ramon Estevez  
President