

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90040 010 ***150.00

02033592

DOCUMENT # P98000099815

1. Entity Name
CYNTHIA M. RAMOS, P.A.

Principal Place of Business 200 S BISCAYNE BLVD. 20TH FLOOR MIAMI FL 33131	Mailing Address 2524 SW 104 CT MIAMI FL 33165
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004741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 395 Alhambra Circle Suite, Apt. #, etc. SUITE 301	3. Mailing Address 395 Alhambra Circle Suite, Apt. #, etc. SUITE 301
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City & State Coral Gables, FL	City & State Coral Gables, FL	4. FEI Number 65-0883502	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country U.S.A	Zip 33134	Country USA

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

6. Name and Address of Current Registered Agent
RAMOS, CYNTHIA M
200 S BISCAYNE BLVD. 20TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **CYNTHIA M. Ramos**
 Street Address (P.O. Box Number is Not Acceptable)
395 Alhambra Circle, Suite 301
 City **Coral Gables** **FL** Zip Code **33134**

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 *Cynthia M. Ramos* **1/8/01**
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be Trust-Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RAMOS, CYNTHIA M 200 S BISCAYNE BLVD. 20TH FLOOR MIAMI FL 33131 <i>change of address.</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CYNTHIA M. Ramos 395 Alhambra Circle Suite 301 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Cynthia M. Ramos* **1/8/2001 305 441 9543**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)