

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91748 025 \*\*\*150.00

DOCUMENT # P99000055987  
1. Entity Name  
RAMON TOURGEMAN, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
POST OFFICE BOX 800-III  
Suite, Apt. #, etc.

3. Mailing Address  
POST OFFICE BOX 800-III  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
AVENTURA FLORIDA

City & State  
AVENTURA FLORIDA

4. FEI Number  
65-0931924

Applied For  
 Not Applicable

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

Zip  
33280 Country  
U.S.A. Zip  
33280 Country  
U.S.A.

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
RAMON TOURGEMAN

Street Address (P.O. Box Number is Not Acceptable)  
2091 N.E. 206 Street

City  
Miami FL Zip Code  
33179

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 \_\_\_\_\_ (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)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director RAMON TOURGEMAN P.O. Box 800-III Aventura, FL 33280</u>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ramon Tourgeman 5/14/02 305-792-0088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #