

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90592 023 ***150.00

DOCUMENT # S94836

1. Entity Name

RAMOUTAR, INC.

Principal Place of Business

Mailing Address

1222 EAST COLONIAL DRIVE
ORLANDO FL 32803

1222 EAST COLONIAL DRIVE
ORLANDO FL 32803

00017028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3016 Corrine Dr.

3016 Corrine

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando Florida

Orlando Florida

4. FEI Number

59-3093908

Applied For

Not Applicable

Zip

Country

Zip

Country

32803-2204

Orange

32803-2204

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMOUTAR, CHAITRAM
1222 EAST COLONIAL DRIVE
ORLANDO FL 32803

Name

Ramoutar Chaitram

Street Address (P.O. Box Number is Not Acceptable)

3016 Corrine Drive

City

Orlando

FL

Zip Code

32803-2204

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

Chaitram Ramoutar - CHAITRAM Ramoutar

02.09.01

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RAMOUTAR, CHAITRAM	
STREET ADDRESS	1222 A. E. COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ramoutar Chaitram	
STREET ADDRESS	3016 Corrine Dr.	
CITY-ST-ZIP	Orlando, Fl	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chaitram Ramoutar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.09.01

Date

Daytime Phone #

407-896-7177

CR2E034 (10/00)