

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 355017

1. Entity Name

OCRAM INC

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90015 009 ***150.00

Principal Place of Business

Mailing Address

8592 ROSWELL ROAD
APT 357
ATLANTA GA 30350
US

8592 ROSWELL ROAD
APT 537
ATLANTA GA 30350-1872
US

2. Principal Place of Business

3334 WEATHERTOP WAY
Suite, Apt. #, etc.

3. Mailing Address

3334 WEATHERTOP WAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ROSWELL GA

City & State

ROSWELL GA

4. FEI Number

59-1274348

Applied For

Not Applicable

Zip

Country

30075

Zip

Country

30075

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

DECARION, GEORGE H
12601 SW 67TH CT.
MIAMI FL 33156

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.

SIGNATURE

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, 2000 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	VDA	<input checked="" type="checkbox"/> Delete
NAME	KING, LINDA L	
STREET ADDRESS	3334 WEATHERTOP WAY	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BYRD, LYNN	
STREET ADDRESS	200 OCEAN LANE DR UNIT 705	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	VDAS	<input type="checkbox"/> Delete
NAME	KING, LINDA L	
STREET ADDRESS	3334 WEATHERBY WAY	
CITY-ST-ZIP	ROSWELL GA ROSWELL GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)