

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 599142

1. Entity Name

RAMEL, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90082 028 ***150.00

Principal Place of Business

11531 S. W-12 CT.
FT. LAUDERDALE FL 33325

Mailing Address

11531 S. W-12 CT.
FT. LAUDERDALE FL 33323-1624

2. Principal Place of Business

2930 NW 113 Ave
Suite, Apt. #, etc.

3. Mailing Address

2930 NW 113 Ave
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

59-2225752

Applied For

Not Applicable

Zip

Country

33323 Broward

Zip

Country

33323 Broward

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

DRYBREAD, DON
11531 SW 12 COURT
FT. LAUDERDALE FL 33325

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	PD	<input type="checkbox"/> Delete
NAME	DRYBREAD, DON	
STREET ADDRESS	11531 S.W. 12 CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33325	
TITLE	S	<input type="checkbox"/> Delete
NAME	DRYBREAD, JACQUELINE	
STREET ADDRESS	11531 S.W. 12 CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33325	
TITLE	T	<input type="checkbox"/> Delete
NAME	STERNBERG, SUSAN J.	
STREET ADDRESS	11531 S.W. 12 CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33325	
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		
STREET ADDRESS	2930 NW 113 Ave.	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2930 NW 113 Ave	
CITY-ST-ZIP	Sunrise, FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2930 NW 113 Ave	
CITY-ST-ZIP	Sunrise, FL 33323	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-2000 954-321-6111

CR2E034 (9/99)