

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90004 045 ***150.00

DOCUMENT # **599142**

1. Entity Name

Ramel, INC.

Principal Place of Business

2930 N.W. 113 Ave
Sunrise, FL 33323

Mailing Address

2930 N.W. 113 Ave
Sunrise, FL 33323

2. Principal Place of Business

2930 N.W. 113 Ave

Suite, Apt. #, etc.

3. Mailing Address

2930 N.W. 113 Ave

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

59 222 5752

Applied For

Not Applicable

Zip **33323**

Country

U.S.

Zip **33323**

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Don Drybread
2930 N.W. 113 Ave
Sunrise, FL 33323

7. Name and Address of New Registered Agent

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, 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

TITLE **PD** ☐ Delete
NAME **Don Drybread**
STREET ADDRESS **2930 N.W. 113 Ave**
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE **Sp** ☐ Delete
NAME **Jacqueline Drybread**
STREET ADDRESS **2930 N.W. 113 Ave**
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE **T** ☐ Delete
NAME **Susan J. Sternberg**
STREET ADDRESS **2930 N.W. 113 Ave**
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Don Drybread Don Drybread

6-18-2001 9545785499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

2930 N W-113 Avenue
Sunrise, FL 33323

attachment

April 30, 2001

*D #599142
AD 71756*

RE: Corporation Annual Report
EIN # 59-2225752
P O Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that I did not receive my Corporation Annual Report for 2001. Please accept this letter as a preliminary document for the filing of this form. Enclosed also find a check in the amount of \$150.00, which is due, on or before May 1, 2001. Let me know what I need to do to insure that I receive this form next year. If you need any further information, please do not hesitate to call me at 954-980-2607. Thank you in advance:-

Sincerely,



Don M. Drybread
President
Ramel, Inc.

Enclosure (1)

sd



Attachment
A 00 2756

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 22, 2001

RAMEL, INC.
2930 NW 113 AVE
SUNRISE, FL 33323

SUBJECT: RAMEL, INC.
Ref. Number: 599142

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Sean Toner
Senior Section Administrator

Letter Number: 301A00031408