

2002 UNIFORM BUSINESS REPORT (UBR)

0020630 AB

DOCUMENT # **A01000000868**

1. Entity Name

LRAM, LTD.

FILED

02 JAN 18 AM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**816 CAMARILLO SPRINGS RD
SUITE K
CAMARILLO CA 93012**

Mailing Address

**816 CAMARILLO SPRINGS RD
SUITE K
CAMARILLO CA 93012**

2. Principal Place of Business

P.O. 6712

3. Mailing Address

LRAM c/o Michael Garner

Suite, Apt. #, etc.

6

Suite, Apt. #, etc.

3 same as above

DUE BY MAY 1, 2002

City & State

West Palm Beach, FL

City & State

Cammarillo

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33405

Country

Palm Beach

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KUHARCIK, JOSEPH
1211 TH PLAZA
SIGNER ISLAND FL 33404**

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.

DATE

9. Capital Contributions
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**RICCOBONO, SIMONE
816 CAMARILLO SPRINGS RD SUITE K
CAMARILLO CA 93012**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**741 West Tropical Way
Plantation, FL 33317-3349**

STREET ADDRESS

CITY-ST-ZIP

500004831685--0

-01/28/02--01087--007

******535.00 ****535.00**

DOCUMENT #
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

Simone Riccobono 1-8-02 205-484-3249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)