

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90031 021 \*\*\*150.00

0206241 AV

DOCUMENT # F00000007201

1. Entity Name

RAMPCO COMPANY LIMITED

Principal Place of Business

444 BRICKELL AVE., SUITE 300  
MIAMI FL 33131

Mailing Address

444 BRICKELL AVE., SUITE 300  
MIAMI FL 33131

2. Principal Place of Business

DR ROY'S DRIVE  
Suite, Apt. #, etc.CIBC FINANCIAL CENTER 2<sup>ND</sup> FLR

GRAND CAYMAN

CAYMAN ISLANDS, B.W.I.

Zip

Country

3. Mailing Address

c/o William H. Newton, III  
444 Brickell Ave.

Suite, Apt. #, etc.

Suite 300

City &amp; State

Miami, FL

Zip

33131

Country

USA

4. FEI Number

52-2297659

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEWTON, WILLIAM H III

444 BRICKELL AVE., SUITE 300

MIAMI FL 33131

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	% ASTAIRE, ASSOCIATES LIMITED	444 BRICKELL AVE., SUITE 300 MIAMI FL 33131	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	DR. ROY'S DRIVE	CIBC FINANCIAL CENTER 2 <sup>ND</sup> FLR	GRAND CAYMAN	<input type="checkbox"/>	<input type="checkbox"/>
			CAYMAN ISLANDS, B.W.I.	<input type="checkbox"/>	<input type="checkbox"/>

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: X Astaire Associates Limited So's Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Represented by:

MAR 22, 20 345-949-0355

Date

Daytime Phone #

CR2E034 (9/01)