

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-21-2003 90157 002 ***150.00

DOCUMENT # F00000007201

1. Entity Name
RAMPCO COMPANY LIMITED



Principal Place of Business
**DR ROY'S DRIVE
CIBC FIN'L CTR 2ND FLR GRAND CAYMAN
CAYMAN ISLANDS BWI
WI**

Mailing Address
**C/O WILLIAM H NEWTON, III
444 BRICKELL AVENUE SUITE 300
MIAMI FL 33131
US**

33006308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2297659**

☐ Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWTON, WILLIAM H III
444 BRICKELL AVE., SUITE 300
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Delete
NAME **% ASTAIRE ASSOCIATES LIMITED**
STREET ADDRESS **DR ROY'S DRIVE CIBC FINANCIAL CTR**
CITY-ST-ZIP **GRAND CAYMAN CAYMAN ISLS WI**

TITLE **Director** ☐ Change ☒ Addition
NAME **ANTARES ASSOCIATES LIMITED**
STREET ADDRESS **DR. ROY'S DRIVE CIBC FINANCIAL CT**
CITY-ST-ZIP **GRAND CAYMAN, CAYMAN ISLANDS**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

DIRECTOR

DIRECTOR

1/15/03

242-300-8680

Date

Daytime Phone #

CR2E0334(10/02)