

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90066 005 ***150.00

671196



DO NOT WRITE IN THIS SPACE

DOCUMENT # F31053

1. Entity Name
RAMBARRAN INVESTMENTS, INC.

Principal Place of Business
C/O HARRY. RAMBARRAN
2625 HUNTER COURT
FT. LAUDERDALE FL 33331
US

Mailing Address
2625 HUNTER COURT
FT LAUDERDALE FL 33331
US

2. Principal Place of Business
1570 S.W. 155TH AVE
 Suite, Apt. #, etc.

3. Mailing Address
1570 S.W. 155TH AVE
 Suite, Apt. #, etc.

City & State
DAVIE, FLORIDA

City & State
DAVIE, FLORIDA

Zip
33326

Country
U.S.A.

Zip
33326

Country
U.S.A.

4. FEI Number **59-2144912**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAMBARRAN, HARRY
2625 HUNTER COURT
FT LAUDERDALE FL 33331

RAMBARRAN, HARRY
1570 S.W. 155TH AVE
DAVIE, FLORIDA 33326

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PTD RAMBARRAN, HARRY 2625 HUNTER CT, WESTON FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMBARRAN, EDNA D. 2625 HUNTER CT, WESTON FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMBARRAN, MICHAEL 831 SW 98TH AVE PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RAMBARRAN, HARRY 1570 S.W. 155TH AVE DAVIE, FLORIDA 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAMBARRAN, EDNA D. 1570 S.W. 155TH AVE DAVIE, FLORIDA 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMBARRAN, MICHAEL 12506 N.W. 18TH COURT PEMBROKE PINES, FLORIDA 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: HARRY RAMBARRAN
Harry Rambarran

JAN. 5TH. 2001 (954) 452-9604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)