

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90103 009 ***150.00

FORM 274 1/01

DOCUMENT # G39491

1. Entity Name
DRAMANTICS INC.



Principal Place of Business
P.O. BOX 1422
BOCA RATON FL 33429
US

Mailing Address
P.O. BOX 1422
BOCA RATON FL 33429
US

60009992



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2289019**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ADRIANCE, RITA
300 EAST ROYAL PALM RD
12 B
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name **Rita Adriance**

Street Address (P.O. Box Number is Not Acceptable)
23122 B SANDALFOOT PLAZA DR.

City **Boca Raton** FL Zip Code **33428**

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ADRIANCE, RITA I. 300 EAST ROYAL PALM RD 12B BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADRIANCE, RITA I 300 EAST ROYAL PALM RD 12 B BOCA RATON FL 33432 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADRIANCE, STUART 300 EAST ROYAL PALM RD BOCA RATON FL 33432 <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ADRIANCE, RITA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23122 B SANDALFOOT PLAZA DR BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ADRIANCE RITA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23122 B SANDALFOOT PLAZA DR. BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADRIANCE, STUART <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23122 B SANDALFOOT PLAZA DR. BOCA RATON FL 33428
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

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: RITA ADRIANCE *Rita Adriance* Date 954 340 1665 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)