FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90196 043 ***150.00

DOCUMENT # G87194

1. Entity Name
RAM and Associates, INC.

DO NOT WRITE IN THIS SPACE

427808

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2. Principal Place of Business	3. Mailing Address
2050 Coral Way	2250 Brickell Ave.
Suite, Apt. #, etc. 603	Suite, Apt. #, etc. #1
City & State Miami, Fl.	City & State Miami Fl.
Zip 33145 Country USA	Zip 33129 Country USA

4. FEI Number 59-2353939 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Vilma Pina

Street Address (P.O. Box Number is Not Acceptable)

2201 S. Miami Ave

City Miami Fl. **FL** Zip Code 33129

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/D	TITLE	
NAME	Sarlabous Vilma Poll	NAME	
STREET ADDRESS	Ave Ricardo Arango	STREET ADDRESS	
CITY-ST-ZIP	Panama Rep. De Panama	CITY-ST-ZIP	
TITLE	VP/D	TITLE	
NAME	Pina, Demetrio	NAME	
STREET ADDRESS	2201 S. Miami Ave.	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33129	CITY-ST-ZIP	
TITLE	ST/D	TITLE	
NAME	Pina, Vilma.	NAME	
STREET ADDRESS	2201 S. Miami	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33129	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-1-02 305-856-5559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Demetrio Pina, VP/D