2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G87194

1. Entity Name

RAM AND ASSOCIATES, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90655 015 ***150.00

					00 WE 13					
Principal Plac	ce of Business	Maili	ng Address	· · · · · · · · · · · · · · · · · · ·		\neg				
2250 BRICKELL AVENUE			2250 BRICKELL AVENUE							
UNIT 1		UNI	T 1							
MIAMI FL 33129			MIAMI FL 33129				1 (2001) O COOL PORTE POODE JOURN PORTE DING OF	RAL BERTS BERES REDE	A:A:1 \$1811 1881	
US		US				İ				
2. Principal Place of Business			3. Mailing Address						L BLOTH BYBYY 1801	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number 59-2353939 Applied For Not Applicable			
Zip Country			Zip Country			5.	5. Certificate of Status Desired - \$8.75 Additional Fee Required			
6. Name and Address of Current F			Registered Agent			7.	7. Name and Address of New Registered Agent			
					Name		The same Address of the Trogration	a Agent		
VILMA PINA							(20.0			
2201 SOUTH MIAMI AVE			Street Address			s (P.O. E	(P.O. Box Number is Not Acceptable)			
🧀 MIAMI FL	. 33129			Ī						
· V.			City					Zip Coo	le	
8. The above the obligat	named entity submits this statemen ions of registered agent.	t for the purp	oose of changing its	registere	d office or regis	tered ag	gent, or both, in the State of Florida. Ta	m familiar with	and accept	
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if ap	plicable. (NOTE	E: Registered	Agent signature requi	ired when re	einstating) DAT			
E	E NOWILL EEE IC 6150.00		T							
	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0	ın					9. Election Campaign Financing	\$5.0	00 May Be	
	Payable to Florida Department						Trust Fund Contribution.		d to Fees	
10.										
	PD OFFICERS AN	ND DIRECTO		11.		AD	DDITIONS/CHANGES TO OFFICERS A			
TITLE NAME	SARLABOUS, VILMA POLL		Delete	TITLE				Change	Addition	
STREET ADDRESS	AVE RICARDO ARANGO			NAME						
CITY-ST-ZIP	PANAMA, REP DE PANAMA				T ADDRESS					
				CITY-S	51-214					
TITLE NAME	VPD		☐ Delete	TITLE				Change	☐ Addition ↓	
STREET ADDRESS	PINA, DEMETRIO 2201 S. MIAMI AVE.			NAME						
CITY-ST-ZIP	MIAMI FL 33129				T ADDRESS				-	
				CITY-S	51-Z <u>ir</u>			·		
TITLE	STD		☐ Defete	TITLE	-			Change	☐ Addition	
NAME STREET ADDRESS	PINA, VILMA			NAME						
STREET ADDRESS CITY-ST-ZIP	2201 S. MIAMI AVE.				ADDRESS					
	MIAMI FL 33129			CITY-S	11-ZIP					
TITLE			Delete	TITLE	!			Change	☐ Addition	
NAME STREET ADDRESS				NAME						
CITY-ST-ZIP				4	ADDRESS					
	74.0			CITY-S	11-217					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME etheet annheed				NAME						
STREET ADDRESS CITY-ST-ZIP					ADDRESS					
		·		CITY-S	1-ZIP					
TITLE			☐ Delete	TITLE			•	Change	☐ Addition	
NAME				NAME	ĺ				{	
STREET ADDRESS CITY-ST-ZIP					ADDRESS				_	
				CITY-S				<u> </u>	`	
12. Thereby or	ertify that the information supplied w	ith this filing.	does not qualify for	the exemi	ntion stated in S	Section 1	119.07(3)(i) Florida Statutes Lifurther o	artific that the in	formation	

indicated on this report or supplied with this filling 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:

SECURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-03 305-856-5559

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CR2E034 (10/02)