

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H53634

1. Entity Name

IRAMCO, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90041 003 ***150.00

Principal Place of Business

1130 WASHINGTON AVE
STE 100
MIAMI BEACH FL 33139
US

Mailing Address

333 N ST
SUITE 202
MIAMI BCH FL 33140-3325
US

2. Principal Place of Business

925 ARTHUR GODFREY RD.
Suite, Apt. #, etc.
200

3. Mailing Address

925 ARTHUR GODFREY RD.
Suite, Apt. #, etc.
200

City & State

MIAMI BEACH FL

City & State

MIAMI BCH FL

Zip

33140

Country

DADE

Zip

33140

Country

DADE

4. FEI Number

59-2530958

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, MYRON D.
2700 N. BAY RD.
MIAMI BEACH FL 33140

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 DCS
NAME GREENBERG, MYRON D.
STREET ADDRESS 2700 N. BAY RD.
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

TITLE DPT
NAME ABRAM, JAMES N.
STREET ADDRESS 12014 S.W. 116 TERR.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-932-4000

CR2E034 (9/99)