

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90333 013 ***150.00

DOCUMENT # H53634

1. Entity Name
IRAMCO, INC.



Principal Place of Business
**925 ARTHUR GODFREY RD
STE 200
MIAMI BEACH FL 33140
US**

Mailing Address
**925 ARTHUR GODFREY RD
SUITE 200
MIAMI BCH FL 33140
US**

10013838



2. Principal Place of Business

ABOVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2530958**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCS** ☐ Delete
NAME **GREENBERG, MYRON D.**
STREET ADDRESS **2700 N. BAY RD.**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D/C/P** ☒ Change ☐ Addition
NAME **Greenberg Myron D**
STREET ADDRESS **2700 N. Bay Road**
CITY-ST-ZIP **Miami Beach, Florida 33140**

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

TITLE **D/V/T** ☒ Change ☐ Addition
NAME **Abrams James N.**
STREET ADDRESS **12014 SW 116 Terr**
CITY-ST-ZIP **Miami, Florida 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/S** ☐ Change ☒ Addition
NAME **Greenberg, Sondra**
STREET ADDRESS **2700 N. Bay Road**
CITY-ST-ZIP **Miami Beach, Florida 33140** ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

305-532-4500

Date

Daytime Phone #

CR2E034 (10/02)