

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90064 013 ***150.00

DOCUMENT # K10050

1. Entity Name

FRANK J. RAMOS, INC.

Principal Place of Business

**1825 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32901**

Mailing Address

**1825 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32901**

718338

2. Principal Place of Business

1825 Riverview Drive
Suite, Apt. #, etc.

3. Mailing Address

1825 Riverview Drive
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-2873942

Applied For

Not Applicable

Zip

32901

Country

USA

Zip

32901

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VICTOR S. KOSTRO
1825 S. RIVERVIEW DR.
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name

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

1825 Riverview Drive

City

MELBOURNE

FL

Zip Code

32901

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 time 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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	RAMOS, FRANCISCO J.	
STREET ADDRESS	420 KINGSTON ROAD	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RAMOS, ELSA P.	
STREET ADDRESS	420 KINGSTON RD.	
CITY-ST-ZIP	SATELLITE BCH. FL	
TITLE	VP-	<input type="checkbox"/> Delete
NAME	REBELLO, ELSA M.	
STREET ADDRESS	536 SYLVIA RD.	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

2-16-01

Date

(321) 773-7300

Daytime Phone #

CR2E034 (10/00)

0076736