

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90900 025 ***150.00

DOCUMENT # K21981

1. Entity Name
RAMIRO, INC.



Principal Place of Business
**635 E. LIVINGSTON
ORLANDO FL 32813**

Mailing Address
**635 E. LIVINGSTON
ORLANDO FL 32813**

10001170



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2889260**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAGYAR, RONALD
635 E. LIVINGSTON
ORLANDO FL 32813**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	MAGYAR, ROLAND 635 E. LIVINGSTON ORLANDO FL 32813	☐ Delete	☐ Change ☐ Addition
VP	MAGYAR, RAY 105 A MISTY WOOD CIR CHAPEL HILL NC 27514	☐ Delete	☐ Change ☐ Addition
ST	MAGYAR, MICHELE 120 CARDINAL RIDGE RD THOMASVILLE GA	☐ Delete	☐ Change ☐ Addition
		☐ Delete	☐ Change ☐ Addition
		☐ Delete	☐ Change ☐ Addition
		☐ Delete	☐ Change ☐ Addition
		☐ Delete	☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED 57-2-28-03 413-4507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #