FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 08, 2001 8:00 am DOCUMENT # K35825 **Secretary of State** ,1. Entity Name RAMADAN HAND INSTITUTE, INC. 02-08-2001 90062 004 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 940 9303 NW 143RD ST. **LUULJ441** ALACHUA FL 32615 ALACHUA FL 32615 US 2. Principal Place of Business 3. Mailing Address 637 NW 13th Street 637 NW 13th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2913224 Gainesville, FL 32601 Gainesville, FL 32601 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32601 Alachua 32601 Alachua 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EVANS, REBECCA G. ... 5211 SW 103rd Drive Street Address (P.O. Box Number is Not Acceptable) <del>-9303-NW-1</del>43RD-ST-Gainesville, FL 32608 ALACHUA-FL-32615... City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE □ Addition TITLE ☐ Delete RAMADAN, A. MONEIM NAME NAME 9303 NW 143RD ST. STREET ADDRESS 637 NW 13th Street STREET ADDRESS ALACHUA FL 32615 CITY-ST-ZIP CITY-ST-ZIP Gainesville, FL 32601 **VPST** TITLE TITLE ☐ Delete ☐ Change ☐ Addition EVANS, REBECCA G NAME NAME 9303 NW 143RD ST. STREET ADDRESS STREET ADDRESS 5211 SW 103rd Drive ALACHUA FL CITY-ST-ZIP CITY-ST-ZIE Gainesville, FL 32608 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAMF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE

SIGNATURE

Daving Private Name of SIGNING OFFICER OR DIRECTOR

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