

2001 UNIFORM BUSINESS REPORT (UBR)

0016316 AF

DOCUMENT # L00000008089

1. Entity Name
RAMIREZ & SONS, LLC

FILED

01 FEB -7 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1320 NW 18TH AVENUE, APT. 3C
DELRAY BEACH FL 33445

Mailing Address
1320 NW 18TH AVENUE, APT. 3C
DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1022024

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139~~

Name RAMIREZ & Sons, LLC
Street Address (P.O. Box Number is Not Acceptable)

1320 N.W. 18 AVENUE APT. 3C

City DELRAY BEACH FL Zip Code 33445

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-25-01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME RAMIREZ, LUIS ALBERTO
STREET ADDRESS 1320 NW 18TH AVENUE, APT. 3C
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME NANCY DEL CARMEN GONZALEZ
STREET ADDRESS 1320 NW 18 AVENUE APT 3C
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

01-25-01

561-2432545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)