

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90102 003 ***150.00

DOCUMENT # L41539

1. Entity Name
P.R.A.M.S., INC.

Principal Place of Business

**C/O RITA SUE LEVY
 6830 STIRLING ROAD
 HOLLYWOOD FL 33024**

Mailing Address

**C/O RITA SUE LEVY
 6830 STIRLING ROAD
 HOLLYWOOD FL 33024**

2. Principal Place of Business

6831 Stirling Rd

Suite, Apt. #, etc.

3. Mailing Address

6831 Stirling Rd

Suite, Apt. #, etc.

City & State

Davie FL

City & State

Davie FL

4. FEI Number

65-0169166

Applied For

Not Applicable

Zip

33314

Country

USA

Zip

33314

Country

USA

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

6. Name and Address of Current Registered Agent

**LEVY, RITA SUE
 6830 STIRLING ROAD
 HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name

Rita Sue Levy

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

6831 Stirling Rd

City

Davie FL

FL

Zip Code

33314

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

Rita Sue Levy

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/02

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, 2002 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 **P** ☐ Delete
 NAME **LEVY, RITA SUE**
 STREET ADDRESS **6830 STIRLING ROAD**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Levy Rita Sue**
 STREET ADDRESS **6831 Stirling Rd**
 CITY-ST-ZIP **Davie FL 33314**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Rita Sue Levy President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/02 954-321-5765

CR2E034 (9/01)