

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L83291

Entity Name

MICRO OPS CORPORATION

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90217 001 \*\*\*150.00

Principal Place of Business

W SAMPLE RD  
BCH FL 33073

Mailing Address

2301 W SAMPLE RD  
2-A  
POMPANO BC 33073-3081  
US

2. Principal Place of Business

Suite, Apt. #, etc.

SUITE 2-2A

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

SUITE 2-2A

City & State

Zip

Country

4. FEI Number

65-0234767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAMETTA, MARIO A  
5346 NW 99TH WAY  
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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, 2000 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	<input type="checkbox"/> Delete
NAME	RAMETTA, MARIO A.	
STREET ADDRESS	5346 NW 99TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RAMETTA, TERESA	
STREET ADDRESS	5346 NW 99TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DV.	<input type="checkbox"/> Delete
NAME	BAISE, LESLIE A	
STREET ADDRESS	420 JEFFERSON DR #106	
CITY-ST-ZIP	DEERFIELD FL 33442	
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

MARIO A. RAMETTA

Date

1/14/00

Daytime Phone #

954-977-0932

CR2E034 (9/99)