

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 14 AM 11:17

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # L91809 (8)

1. Corporation Name

R. RAMPERSAD ENTERPRISES, INC.

Principal Place of Business

**10733 NORTH WEST 7TH AVENUE
MIAMI FL 33168**

Mailing Address

**10733 NORTH WEST 7TH AVENUE
MIAMI FL 33168**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1990

3a. Date of Last Report

10/05/1994

4. FBI Number

65-0213393

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under s. 199.022,
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

**RAMPERSAD, LEELAWATEE
10733 WEST WEST 7TH AVENUE
MIAMI FL 33168**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
RAMPERSAD, RAMNARINE
9251 CHELSEA DR.
MIRAMAR FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
RAMPERSAD, VIDYA
9251 CHELSEA DR.
MIRAMAR FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**STD
RAMPERSAD, LEELAWATEE
9251 CHELSEA DR.
MIRAMAR FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
RAMPERSAD, SURENDRA
9251 CHELSEA DR.
MIRAMAR FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
RAMPERSAD, NEELA
9251 CHELSEA DR.
MIRAMAR FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS LIST

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with the address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/95

(Date)

(Signature Please)

CR2E034 (3/95)