

2001 UNIFORM BUSINESS REPORT (UBR)

000908 AF

DOCUMENT # L99000003750

1. Entity Name
RAMCO CONSTRUCTION, L.L.C.

FILED

01 APR 27 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2103 CORAL WAY, SUITE 201
MIAMI FL 33145

Mailing Address
2103 CORAL WAY, SUITE 201
MIAMI FL 33145

2. Principal Place of Business
7220 NW 36 Street
Suite, Apt. #, etc.
Suite 629

3. Mailing Address
7220 NW 36 Street
Suite, Apt. #, etc.
Suite 629

City & State
Miami, Fl

City & State
Miami, Fl

Zip Country
33166

Zip Country
33166

4. FEI Number 65-0929787

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Husni Abdelhadi
Street Address (P.O. Box Number is Not Acceptable)
7220 NW 36 St.
Suite 629
City Miami FL Zip Code 33166

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 Husni Abdelhadi

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

(NOT Registered Agent signature required when reinstating)

8/27/01
DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENENDEZ, AUGUSTO JR. 2103 CORAL WAY, SUITE 201 MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, FRANCISCO 2103 CORAL WAY, SUITE 201 MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JIMENEZ, MARIO 2103 CORAL WAY, SUITE 201 MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JIMENEZ, BERTHA 2103 CORAL WAY, SUITE 201 MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMUDO, LUIS A 2103 CORAL WAY, SUITE 201 MIAMI FL 33145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Abdelhadi, Husni 7220 NW 36 St. Suite 629 Miami, Fl 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Husni Abdelhadi, Mgr.

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

8/27/01

(305) 858-6233

Date

Daytime Phone #

CR2E083 (11/00)