

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -3 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M95000000355**

1. Entity Name  
**RAMZIP LIMITED COMPANY**

Principal Place of Business  
**5821 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021**

Mailing Address  
**5821 HOLLYWOOD BLVD  
HOLLYWOOD FL 33021**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0620514**

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

**MARSHALL, MONA  
5821 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021**

Name **Nicola Bartley**  
Street Address (P.O. Box Number is Not Acceptable) **5821 Hollywood Blvd.**  
City **Hollywood** **FL** Zip Code **33021**

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 **A. Bartley**

**5-1-01**

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

(NOTE Registered Agent signature required when reinstating)

DATE

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

**700004336827--6**  
**-05/31/01--01093--019**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **KELLER, ROBERT H**  
CITY-ST-ZIP **5821 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **KIRCHENBAUM, DAVID**  
CITY-ST-ZIP **5821 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGR**  
STREET ADDRESS **PATRICK, CATHERINE W**  
CITY-ST-ZIP **5821 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
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]**

**5-01-01**

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

Date

Daytime Phone #

CR2E083 (11/00)