

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2005 8:00 am
Secretary of State

DOCUMENT #

1. Entity Name **RAMONA's Ministries ~~BOOTH~~ STORE INC**
N04000005938



05-05-2005 90137 001 ****61.25
05-05-2005 90137 002 *****8.75
05-05-2005 90137 003 *****5.00

DO NOT WRITE IN THIS SPACE

66015571

2. Principal Place of Business
NORTH MIAMI Flea MARKET
Suite, Apt. #, etc.
14135 NW 7th Ave
City & State
MIAMI Fla
Zip
33168
Country
Booth #71

3. Mailing Address
17971 NW 4th Avenue
Suite, Apt. #, etc.
Miami Gardens Fla
City & State
Fla
Zip
33169
Country

4. FEI Number **56-247-6179**
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **RAMONA LATORTUE**

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

17971 NW 4th Ave

City **MIAMI GARDENS FL** Zip Code **33169**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME **RAMONA LATORTUE**
STREET ADDRESS **17971 NW 4th Ave**
CITY-ST-ZIP **Miami Gardens Fla 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **MARC LATORTUE**
STREET ADDRESS **17971 NW 4th Ave**
CITY-ST-ZIP **Miami Gardens Fla 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **Charles Jean Baptiste**
STREET ADDRESS **12220 NW 17th PLACE**
CITY-ST-ZIP **Miami Fla 33167**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **Thomas CASSAMAJOR**
STREET ADDRESS **12220 NW 17th PL**
CITY-ST-ZIP **Miami Fla 33169**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **Louderes SANON**
STREET ADDRESS **4864 NW 97 DR**
CITY-ST-ZIP **CORAL Spring FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mrs. Ramona Latortue**

CR2E037B (12/02)