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**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90492 002 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N960Q0001675**

1. Entity Name

**RENTER'S ASSOCIATION MOBEL AMERICANA (RAMA) INC.**

Principal Place of Business

Mailing Address

6820 AMERICAN DRIVE  
ST. PETERSBURG FL 33702

6820 AMERICAN DRIVE  
ST. PETERSBURG FL 33702

*110 Mt Curve Ave*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*St Petersburg Florida*

City & State

4. FEI Number

**59-3427142**

Applied For

Not Applicable

Zip

*33702*

Country

*Pinellas*

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

*McACHLAN, BRYAN K  
476 SEMINOLE BOULEVARD  
SEMINOLE FL 33772*

*P.O. Box 7427 9750 SEMINOLE BOULEVARD*

City

*SEMINOLE*

FL

Zip Code

*33772*

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	BALLENTINE, CLEVELAND	
STREET ADDRESS	100 MT. CURVE AVENUE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VPD PRESIDENT	<input type="checkbox"/> Delete
NAME	DUNN, JOHN	
STREET ADDRESS	7006 MT DELEON ROAD	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FISHER, RICHARD	
STREET ADDRESS	345 MT SAXON AVE N.E.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARBUSH, GERALDINE	
STREET ADDRESS	6820 AMERICAN DR	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEGIN, PAULINE	
STREET ADDRESS	110 MT CURVE AVE N E	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN DIAN VICE PRESIDENT	
STREET ADDRESS	300 MT. PINOY AVE	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONRAD WIESER	
STREET ADDRESS	7225 Mt Currier	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pauline C. Begin* PAULINE C. BEGIN 3-25-2002 (727) 528 2793

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)