

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90206 036 ****70.00

DOCUMENT # N96000001675
1. Entity Name
RENTER'S ASSOCIATION MOBEL AMERICANA (RAMA) INC.



Principal Place of Business
**110 NT CURVE AVENUE
ST. PETERSBURG FL 33702**

Mailing Address
**6820 AMERICAN DRIVE
ST. PETERSBURG FL 33702**

2. Principal Place of Business
110 MT. CURVE AVE N.E.
Suite, Apt. #, etc.

3. Mailing Address
110 MT CURVE AVENUE
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
ST PETERSBURG FL.

City & State
ST PETERSBURG FLORIDA

Zip
33702

Country
PINELLAS

Zip
33702

Country
PINELLAS

4. FEI Number **59-3427142**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MCLACHLAN, BRYAN K
9750 SEMINOLE BOULEVARD
PO BOX 7427
SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

Name
BRYAN

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

City
FL Zip Code

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

FILE NOW: FEE IS \$61.25

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 STREET ADDRESS CITY-ST-ZIP	2VP D DI, JEAN 300 MT. PINEY AVENUE SAINT PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D DUNN, JOHN 7006 MT DELEON ROAD ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVD D WIESER, CONRAD 7228 MT. JUPITER SAINT PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARBUSH, GERALDINE 6820 AMERICAN DR ST PETERSBURG FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT D BEGIN, PAULINE 110 MT CURVE AVE N E ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VP MARGARET Lederhause 651 MT Key AVE ST PETERSBURG FL 33702	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VP JEAN DION 300 MT. PINEY ST PETERSBURG FLORIDA 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CONRAD WIESER 7228 MT. JUPITER ST PETERSBURG FLORIDA 33702	<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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PAULINE BEGIN**
SIGNATURE AND TYPED OR PRINTED NAME AT FILING OF THIS REPORT
1-15-03 (927) 528-2785

CR2E037 (10/02)