

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90130 044 ****61.25

DOCUMENT # N96000003706

1. Entity Name

RAMATA, INC.

Principal Place of Business

Mailing Address

~~1235 SE 24 AVE~~
CAPE CORAL FL 32990

1417-2 Del PRADO
BLVD SUITE
486

C/O WEINMAN, STEVE
~~PO BOX 799~~
JMMOKALFE FL 34143
US

1417-2 Del
PRADO BLVD
SUITE 486



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

65-0692115

Applied For

Not Applicable

Zip

Country

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

WEINMAN, STEVEN D
~~1235 SE 24 AVE~~
CAPE CORAL FL 33990

1417-2 Del PRADO BLVD
SUITE 486

Name

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME AKIN, RICHARD
STREET ADDRESS ~~1235 SE 24 AVE~~
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☒ Change ☐ Addition
NAME 1417-2 Del PRADO BLVD
STREET ADDRESS SUITE 486
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WEINMAN, STEVE
STREET ADDRESS ~~1235 SE 24 AVE~~
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☒ Change ☐ Addition
NAME 1417-2 Del PRADO BLVD
STREET ADDRESS SUITE 486
CITY-ST-ZIP

TITLE D ☐ Delete
NAME AKIN, SHARON
STREET ADDRESS ~~60 1235 SE 24 AVE~~
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☒ Change ☐ Addition
NAME 1417-2 Del PRADO BLVD
STREET ADDRESS SUITE 486
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-01

CR2E037 (10/00)