FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jul 25, 2001 8:00 am P00000008430 DOCUMENT # Secretary of State 1. Entity Name 07-25-2001 90007 036 \*\*\*150.00 SAN RAMON INVESTMENT CORPORATION Principal Place of Business Mailing Address 4180 WEST 18 CT. 4180 WEST 18 CT. HIALEAH FL 33012 HIALEAH FL 33012 C0074265 2. Principal Place of Business Mailing Address 205 7606 S.W (Suite) Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For FL Fort Lauderdale MIRAMAR -09 Not Applicable <sup>Zip</sup> 33029 Country \$8.75 Additional 5. Certificate of Status Desired SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PALOMINO, JAVIER Street Address (P.O. Box Number is Not Acceptable) 5659 WEST-FLAGLER STREET **MIAMI FL 33134** MIRAMAR 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 DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE TITLE Delete Palomino Lauier PALOMINO, JAVIER NAME NAME S.W 20th st. 17606 5659 W. FLAGLER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33134** CITY-ST-ZIP TITLE Change Addition .... Delete Palamino, Olga 17606 s.w. 2013 st PALOMINO, OLGA NAME STREET ADDRESS 5659 W. FLAGLER STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33134 MIRAMAR FL ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS · CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

: UP CONTINE TO CONTRALOMINO 7116 01 (954) 522-3372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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13. 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 eath; that I am an efficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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

Alfachment

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	July 16, 2001 Cl	007491	05
	July 10, 2001		
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	JAUIER PALOMINO	OLGA	PALOMINO
	PRESIDENT	VICE	PRESIDENT
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