

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90424 025 ***150.00

DOCUMENT # P00000012771

1. Entity Name
RAM'S ROTI PALACE, INC.

Principal Place of Business Mailing Address
4244 N. STATE ROAD 7 4244 N. STATE ROAD 7
LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319

2. Principal Place of Business 3. Mailing Address
4244 N. STATE ROAD 7 4244 N. STATE ROAD 7
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LAUDERDALE LAKES FLORIDA LAUDERDALE LAKES FL
Zip Country Zip Country
33319 BROWARD 33319 BROWARD

4. FEI Number Applied For
65-0980750 Not Applicable
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

RAMSOOK, FRANKIE B SR
4244 N. STATE ROAD 7
LAUDERDALE LAKES FL 33319

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 Frankie Ramsok Sr FRANKIE RAMSOOK SR (OWNER) 9 MARCH '01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSOOK, FRANKIE B SR 4244 N. STATE ROAD 7 LAUDERDALE LAKES FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frankie Ramsok Sr FRANKIE RAMSOOK B. SR. 9 March 01 954-735-4686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)