

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90165 001 ***150.00

DOCUMENT # P00000042201

1. Entity Name
JORGE RAMOS, INC.



Principal Place of Business
7015 MIRA FLORES AVENUE
COCOPUM FL 33143

Mailing Address
7015 MIRA FLORES AVENUE
COCOPUM FL 33143 195 CAOBA CT.

195 CAOBA CT.
CORAL GABLES, FL 33143

CORAL GABLES, FL
33143

2. Principal Place of Business

195 CAOBA CT.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES

City & State

4. FEI Number 65-1017029

Applied For
Not Applicable

Zip

Country

Zip

Country

FL 33143 USA

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

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMOS, JORGE

7015 MIRA FLORES AVENUE 195 CAOBA CT.
COCOPUM FL 33143 CORAL GABLES
FL 33143

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Delete**
NAME **RAMOS, JORGE**
STREET ADDRESS **7015 MIRA FLORES AVENUE 195 CAOBA CT**
CITY-ST-ZIP **COCOPUM FL 33143 CORAL GABLES, FL 33143**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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 607, 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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/27/03

Date

X 305-471460

Daytime Phone #

CR2E034 (10/02)