


182

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 11 AM 8:00

DOCUMENT # P00000067332	
1. Entity Name RAMSES, INC	

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

MRS

2. Principal Place of Business 10464 PHILIPS HWY Suite, Apt. #, etc. 204 City & State JACKSONVILLE, FL Zin 32256 Country USA		3. Mailing Address 10464 PHILIPS HWY Suite, Apt. #, etc. 204 City & State JACKSONVILLE, FL Zin 32256 Country USA		4. FEI Number 59-3658410 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name KAMAL Z. LOKA	
Street Address (P.O. Box Number is Not Acceptable) 10464 PHILIPS HWY #204	
City JACKSONVILLE	FL Zip Code 32256

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAMAL Z. LOKA 7901 BAYMEADOWS CIR E #321 JACKSONVILLE FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500025416345 12/11/03-01018-012 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAGEH Y ABSKHARON 3401 TOWNSEND BLVD Apt 202S JACKSONVILLE FL 32277	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kamal Z. Loka 12/10/03 (904) 880-5802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034-B (12/02)

2082

RAMSES, INC.
10464 PHILIPS HIGHWAY
JACKSONVILLE, FLORIDA 32256
904-880-5802

December 4, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

Dear sirs,

We have not received the UBR 2003 for our company. We just found out that the company was dissolved. Please reinstate it to active status. Attached is a downloaded form UBR filled out and signed with a check for the required fee.

Please call me if you have any questions.

Very truly yours,

Kamal Loka, President

Kamal Loka