

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093909

1. Entity Name

TRAM DEVELOPMENT, INC.

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90441 032 ***150.00

Principal Place of Business

Mailing Address

~~2200 NORTH RIVERSIDE DRIVE~~
~~POMPANO BEACH FL 33062~~

~~2200 NORTH RIVERSIDE DRIVE~~
~~POMPANO BEACH FL 33062~~

2. Principal Place of Business

3. Mailing Address

3454 Coral Springs Dr

PO Box 8922

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33065

Country

Zip

33075

Country

4. FEI Number

65-1651001

Applied For

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

FABIAN, ROBERT S
2200 NORTH RIVERSIDE DRIVE
POMPANO BEACH FL 33062

Name

FABIAN, ROBERT

Street Address (P.O. Box Number is Not Acceptable)

616 NE 17th TERR

City

FT. LAUDERDALE, FL

Zip Code

33304

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 re-issuing)

DATE

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, 2002 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
FABIAN, ROBERT S
2200 NORTH RIVERSIDE DRIVE
POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
FABIAN ROBERT ☒ Change ☐ Addition
616 NE 17th TERR.
FT. LAUDERDALE, FL 33304

TITLE
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CITY - ST - ZIP
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LUSARARIAN, ARAM
3454 CORAL SPRINGS DRIVE
CORAL SPRINGS FL 33065 ☐ Delete

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CITY - ST - ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/02

CR2E014 (10/00)