

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90130 024 ***150.00

DOCUMENT # P00000093909



1. Entity Name
TRAM DEVELOPMENT, INC.

Principal Place of Business
**3454 CORAL SPRINGS DR
POMPANO BEACH FL 33065**

Mailing Address
**P.O. BOX 8922
CORAL SPRINGS FL 33075**

70012677



2. Principal Place of Business
4990 ROTHSCHILD DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CORAL SPRINGS, FL

City & State

4. FEI Number
65-1051001

Applied For
Not Applicable

Zip
33075

Country
BROWARD

Zip

Country

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
616 NE 17TH TERR
FORT LAUDERDALE FL 33304**

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FABIAN, ROBERT S**
STREET ADDRESS **616 NE 17TH TERR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

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

TITLE **D** ☐ Delete
NAME **LUSARARIAN, ARAM**
STREET ADDRESS **3454 CORAL SPRINGS DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☒ Change ☐ Addition
NAME **LUSARARIAN, ARAM**
STREET ADDRESS **4990 ROTHSCHILD DR.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 954-340-7613

Date Daytime Phone #

CR2E034 (10/02)