## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000099277 RAMSS ENTERPRISES, INC. 04-30-2001 90444 009 \*\*\*150.00 Principal Place of Business Mailing Address 2085 A1A SOUTH 2085 A1A SOUTH SUITE 302 SUITE 302 00043842 ST. AUGUSTINE BEACH FL 32084 ST. AUGUSTINE BEACH FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 37/254/ City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MURALLON-ADOLFO-S-MURALLON, ADOLFO'S Street Address (P.O. Box Number is Not Acceptable) 308 ANDREAS STREET ST. AUGUSTINE FL 32084 Auaustine 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. ADOUFD S, MURALLON Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE MURALLON, ADOLFO S. SR MURRALLON, ADOLFO S SR. NAME NAME R 166 DELTONA STREET STREET ADDRESS STREET ADDRESS **166 DELTONA STREET** CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 Delete TITLE ☐ Change ☐ Addition TITLE MURALLON, ADOLFO S. JR. MURRALLON, ADOLFO S JR. NAME NAME 314 PALMWAY LANE STREET ADDRESS 314 Palmway Law STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP ORLANDO FL 32828 Orlando, FL 32828 ☐ Change ☐ Addition TITLE TITLE □ Delete MURALLON, ALFRED S ... NAME. NAME 166 DELTONA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete TITLE TITLE Change ☐ Addition MURALLON, RAINELDA S NAME NAME STREET ADDRESS **166 DELTONA STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST. AUGUSTINE FL 32086 TITLE ☐ Delete TIT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

ADOLFO S. MURALLON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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