

4/3/

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90021 050 \*\*\*158.75

**DOCUMENT # P00000099649**

1. Entity Name

**RAMAR REALTY, CORP.**

Principal Place of Business

18430 SW 4TH ST  
PEMBROKE PINES FL 33029

Mailing Address

18430 SW 4TH ST  
PEMBROKE PINES FL 33029

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

**P. O. Box 824264**

Suite, Apt. #, etc.

City &amp; State

**South Fla, FL 33082-4264**

Zip

Country

4. FEI Number

**65-1053118**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6163**

6. Name and Address of Current Registered Agent

**SALDANA, RAOUL**  
**18430 SW 4TH ST**  
**PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**April 29/01**9. 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, 2001 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ESTRADA, MARIA G	
STREET ADDRESS	18430 SW 4TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SALDANA, RAOUL	
STREET ADDRESS	18430 SW 4TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	VIDAL, ROSA M	
STREET ADDRESS	18430 SW 4TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALDANA, RAOUL	
STREET ADDRESS	9400 Hollybrook Dr Bldg #6 Apt 110	
CITY-ST-ZIP	Pembroke Pines FL 33025	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALDANA, RAOUL	
STREET ADDRESS	9400 Hollybrook Dr Bldg #6 Apt #110	
CITY-ST-ZIP	Pembroke Pines FL 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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

**Raoul Saldana President**

Date

**3/27/2001**  
Daytime Phone

CR2E034 (10/00)