

# 2001 UNIFORM BUSINESS REPORT (UBR)

05-03-2002 90049 031 \*\*\*150.00  
P00000101414

02 JUN 27 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101414

1. Entity Name

RAMA & M INVESTMENT, CORP.

Principal Place of Business

3915 NW 4 TERRACE  
MIAMI FL 33126

Mailing Address

3915 NW 4 TERRACE  
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1050699

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

MATEO, PETRONILA  
3915 NW 4 TERRACE  
MIAMI FL 33126

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)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
MATEO, PETRONILA  
3915 NW 4 TERRACE  
MIAMI FL 33126

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
NUNEZ, RAFAEL  
16000 NW 27 PLACE  
MIAMI FL 33054

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2002

Date

Daytime Phone #

CR2E034 (7/9/00)