## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFUNIN BUSINESS REPUNI	(UDN)	
DOCUMENT # P00000 10 1414	٠,	
Rama & M Investment	1, Gro	FIL 7 , 04 MAR -1 PM 2: 27
DO NOT WRITE IN THIS SP	ACE	SECRETARY TALLAHASSI WITH
	* 1 <sub>e</sub>	ALLAMASSE CAMP
2. Principal Place of Business Terrace 3. Mailing Address 3915 NW 4 Terrace 3915 NW Suite, Apt. #, etc.	4-164C	DO NOT WRITE IN THIS SPACE
JOH. Sub-	1	
City & State  City & State  City & State  City & State	FI	4. FEI Number Applied For Not Applied For Not Applied For
zip 33126 Country Dade 2ip 33126	Country	de. 5. Certificate of Status Desired \$8.75 Additional Fee Required
	Name	7. Name and Address of Current Registered Agent
DO NOT WRITE	Name	KATALL NUNEZ
· · · · · · · · · · · · · · · · · · ·	Street /	address (P.O. Box Number is Not Acceptable)
IN THIS SPACE	29	5 NW 4 terrace
	City	diami FL Ziggada 126
The above named entity submits this statement for the purpose of changing its relationship.	egistered office a	
Allo 1 )15h	•	0/000/
		01/6177
SIGNATURE Signature, tyrod or printed name of regulered agent and title if applicable (NOTE:	Registered Agent signa	oure required when reinstating)  DATE
9. This corporation is eligible to satisfy its Intangible  Tay filing requirement and elects to do so.  After May 1	y 1 Fee is \$15 , Fee is \$550.0 UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  (NOTE:  January, 1 - Ma After May 1  Amended Make Check Payable	y 1 Fee is \$15 , Fee is \$550.0 UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
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13. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

NUMBOFFICER OR DIRECTOR

SIGNATURE: