

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000 101414

1. Entity Name

Rama & M Investment, Group

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3915 NW 4 Terrace

Suite, Apt. #, etc.

201A

City & State

Miami FL

Zip

33126

Country

U.S.A.

3. Mailing Address

3915 NW 4 Terrace

Suite, Apt. #, etc.

201-A

City & State

Miami FL

Zip

33126

Country

U.S.A.

4. FEI Number

65-1050699

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RAFAEL NUNEZ

Street Address (P.O. Box Number is Not Acceptable)

3915 NW 4 terrace

City

Miami

FL

Zip Code

33126

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

Rafael Nunez

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

(NOTE: Registered Agent signature required when reinstating)

2/27/04

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P
NAME RAFAEL NUNEZ
STREET ADDRESS 3915 NW 4 Terrace
CITY-ST-ZIP Miami FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600030462286
03/15/04--01026--005 **150.00

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600030462286
03/15/04--01026--006 **8.75

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rafael Nunez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/04 (305) 6322490

Daytime Phone #