

5/17.

FILED**Jun 26, 2001 8:00 am**
Secretary of State

05-17-2001 90373 009 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000109257**1. Entity Name
SALESH RAMNARINE, INC.Principal Place of Business
**2004 NW 25 AVE
POMPANO BEACH FL 33069**Mailing Address
**2004 NW 25 AVE
POMPANO BEACH FL 33069**2. Principal Place of Business
5830 N.W. 60TH ST3. Mailing Address
5830 N.W. 60TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PARKLAND FLCity & State
PARKLAND FL4. FEI Number **65-1055326**Applied For
Not ApplicableZip
33067Country
BROWARDZip
33067Country
BROWARD5. 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

**RAMNARINE, SALESH
2004 NW 25 AVE
POMPANO BEACH FL 33069**

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  **SALESH RAMNARINE PRESIDENT**

(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 State10. 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 **D** ☐ Delete
NAME **RAMNARINE, SALESH**
STREET ADDRESS **2004 NW 25 AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33069**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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)(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

Date

Daytime Phone #

CR2E034 (10/00)