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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
05-19-2001 90286 028 ***150.00

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DOCUMENT # P 00000117449

1. Entity Name

RAMLOR, INC.

Principal Place of Business	Mailing Address
4500 S. ST. RD. 7	4500 S. ST. RD. 7
FT. LAUDERDALE, FL. 33314	FT. LAUDERDALE, FL. 33314
US	US

DO NOT WRITE IN THIS SPACE

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: 06-1603556 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOINS, KELLY
1120 S. FEDERAL HWY., #4
FT. LAUDERDALE, FL. 33316
US

7. Name and Address of New Registered Agent

Name: CRAIG RAMSEY
Street Address (P.O. Box Number is Not Acceptable): 4500 S. ST. RD. 7
City: FT. LAUDERDALE FL Zip Code: 33314

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.

CRAIG RAMSEY, PRESIDENT

SIGNATURE: [signature] DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P, D	☐ Delete
NAME	CRAIG RAMSEY	
STREET ADDRESS	1580 NW 166TH AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	D	☐ Delete
NAME	LORETTA RAMSEY	
STREET ADDRESS	1580 NW 166 TH AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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.

CRAIG RAMSEY, PRESIDENT

SIGNATURE: [signature] Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR