

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2002

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90321 033 ***150.00

DOCUMENT # P00000117449

1. Entity Name

RAMLOR INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4500 South State Rd 7

3. Mailing Address

4500 South State Rd 7

Suite, Apt., etc.

Fort Lauderdale, FL

Suite, Apt., etc.

Fort Lauderdale, FL

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip
33314

Country
USA

Zip
33314

Country
USA

4. FEI Number

06-1603556

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RAMSEY, CRAIG

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

4500 South State Rd 7

City

Fort Lauderdale

FL

Zip Code

33314

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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 PD
NAME RAMSEY, CRAIG
STREET ADDRESS 1580 NW 166 Ave
CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME RAMSEY, LORETTA
STREET ADDRESS 1580 SW 166 Ave
CITY-ST-ZIP Pembroke Pines, FL 33028

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CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/01)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02

Date

Daytime Phone #