## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 13, 2002 8:00 am P01000029088 DOCUMENT # **Secretary of State** 1. Entity Name RAMAR INFORMATION SYSTEMS, INC. 02-13-2002 90015 018 \*\*\*150 00 Mailing Address Principal Place of Business 5265 NW 116 AVE 5265 NW 116 AVE CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-10897 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CRUZ, RAFAEL A Street Address (P.O. Box Number is Not Acceptable) 5265 NW 116 AVE **CORAL SPRINGS FL 33076** Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (10/6) TIT! F ☐ Addition ☐ Delete TITLE CRUZ, RAFAEL A NAME NAME E034 5265 NW 116 AVE STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33076** CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete THTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ate

Daytime Phone #

**FILED**