

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

05-24-2002 90557 018 ***150.00

DOCUMENT # P01000051523

1. Entity Name
PATINA INVESTMENTS, INC.

Principal Place of Business

**806 NW 10TH TERR
 FT LAUDERDALE FL 33311**

Mailing Address

**806 NW 10TH TERR
 FT LAUDERDALE FL 33311**

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

65-1111646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RAM, KISSOON
 207 NE 39TH CT
 POMPANO BCH FL 33064**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **DPST**
 STREET ADDRESS **KISSOON, RAM**
 CITY-ST-ZIP **207 NE 39TH CT**
POMPANO BCH FL 33064

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ 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 lines empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.03.2002

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
P010000051523

38105

July 3, 2002

Patina Investments, Inc
806 NW 10th Terr
Ft Lauderdale, FL 33311

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

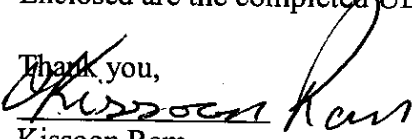
RE: 2002 Uniform Business Report

To Whom It May Concern:

This letter is to inform you that the first UBR report for 2002 was filed on time and a fee of One Hundred Fifty dollars (\$150.00) was paid. On the report filed the FEI Number was missing on the form. The FEI Number is **65-1111646**.

Enclosed are the completed UBR and a copy of the cashed check.

Thank you,


Kissoon Ram

602 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000051523

Entity Name

INA INVESTMENTS, INC.

Principal Place of Business

806 NW 10TH TERR
LAUDERDALE FL 33311

Mailing Address

806 NW 10TH TERR
FT LAUDERDALE FL 33311

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1116216

Applied For

Not Applicable

5. 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

M, KISSOON

7 NE 39TH CT

POMPANO BCH FL 33064

Name

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

City

FL

Zip Code

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 registering)

DATE

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, 2002: Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<p>DPST KISSOON, RAM 207 NE 39TH CT POMPANO BCH FL 33064</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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<p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

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 of this report, unchanged, 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

4-29-02

38105
FIRST FILING.
Attachment

DO NOT WRITE IN THIS SPACE

CH2E034 (9/01)

Attachment
PO 1000051523 / 38105

Patina
RAM AND SONS, INC.
806 NW 10TH TERRACE
FT LAUDERDALE, FL 33311

433033¹⁰²³⁶

63-643/670
BRANCH 13095

DATE *H. 30.02*

PAY TO THE ORDER OF *Department of State*

\$ *150.00*

One hundred and fifty

DOLLARS



FIRST UNION

First Union National Bank
firstunion.com
Org. 003 R/T 067006432

CUSTOM BUSINESS BANKING

FOR *P 01000051523*

⑈010236⑈ ⑈067006432⑈ 200006774134⑈

⑈0000015000⑈

3033042026

MAY 28 02

BANK OF AMERICA, NA JAX
⑈0630000474 E2506 90 P22
05/28/02

3033042026

2221 34124

MAY 22 2002

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 1009068796