

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000066035
1. Entity Name
 R.A.M. COMPANIES OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

FILED

02 DEC -3 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 1841 Lyons Rd. Suite, Apt. #, etc. Ste 307 City & State COCONUT CREEK FL Zip 33063 Country U.S.A.		3. Mailing Address 1841 LYONS RD Suite, Apt. #, etc. STE 307 City & State COCONUT CREEK, FL Zip 33063 Country U.S.A.	
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4. FEI Number NONE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name: DAVID W. VALDINI
 Street Address (P.O. Box Number is Not Acceptable):
5353 N. Federal Hwy #303
 City: FORT LAUDERDALE FL Zip Code: 33308

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: DAVID W. VALDINI DATE: 11/19/02
Signature (e. hand 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. <input type="checkbox"/> <small>(See criteria on back)</small>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD MIQUEL, GEORGE 1841 LYONS RD., STE 307 COCONUT CREEK, FL 33063</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100009325731 12/03/02--01075--008 **150.00</u>
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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] DATE: 11/18/02 Daytime Phone #: 561-573-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.A.M. COMPANIES OF FLORIDA INC.

5030 Champion Blvd G-6 #441
Boca Raton, Florida 33496
Phone (561) 305-0612 / Fax (561) 638-7784

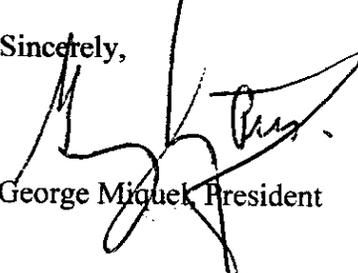
November 18, 2002

To Whom It May Concern,

This letter is to inform you that our company has not received the Uniform Business Report for 2002. Neither the 1st request or the second request was received. In a phone conversation with one of your associates, I was instructed to download the form from the internet. Complete the form. Mail a check for \$150.00 along with the form to your office.

Thank you in advance with your cooperation with regards to this matter.

Sincerely,



George Miquel, President