

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90355 011 ***150.00

DOCUMENT # P01000071504

1. Entity Name

RIKARAMA, INC.

Principal Place of Business

**1240 SW DYER POINT RD.
 PALM CITY FL 34990**

Mailing Address

**1240 SW DYER POINT RD.
 PALM CITY FL 34990**

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

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

**RUSSELL, RIKI J
 1240 SW DYER POINT RD.
 PALM CITY FL 34990**

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)

RIKI Russell

7/8/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **RUSSELL, RIKI J**
 STREET ADDRESS **1240 SW DYER POINT RD.**
 CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE **D** ☐ Delete
 NAME **RUSSELL, CINDY W**
 STREET ADDRESS **1240 SW DYER POINT RD.**
 CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/02 7722880113

Date

Daytime Phone #

CR2E034 (4/02)

Attachment PO10000171504
170740

Rikarama, Inc.
1240 SW Dyer Point Road
Palm City, Florida 34990

rikarama, Inc.

July 8, 2002

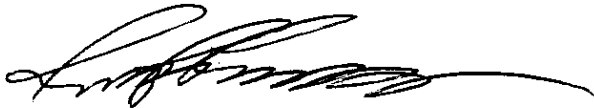
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

I recently received the attached in the mail stating 60 day warning on my corporation status with the state department of corporations. This was the first that I had heard about filing and the first mail received about my newly formed corp. I called the number on the last sheet and they instructed me to send in the \$150.00 as this was my first time filing and I did not realize that there was a deadline of May 1st. Please accept this check and letter affirming compliance with the Uniform Business report. All information is correct and no changes are necessary.

Sincerely,

Riki Jackson Russell



CEO

