

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90281 004 ***150.00

0552134 AV

DOCUMENT # P01000092992

1. Entity Name
JRAM INVESTMENTS, INC.

Principal Place of Business
3504 STARFISH AVE
FRUITLAND PARK FL 34731

Mailing Address
3504 STARFISH AVE
FRUITLAND PARK FL 34731



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1501 SOUTH STREET
 Suite, Apt. #, etc.

3. Mailing Address

40 BUSINESS COUNSELING SERVICES, INC.
 Suite, Apt. #, etc.
P.O. Box 1807

City & State

LEESBURG, FL.

City & State

OCALA, FL.

Zip

34478

Country

Zip

34478

Country

4. FEI Number

59-3744923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMIN, MAHANDRA
3504 STARFISH AVE
FRUITLAND PARK FL 34731

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.

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 \$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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **AMIN, MAHANDRA**
 STREET ADDRESS **3504 STARFISH AVE**
 CITY-ST-ZIP **FRUITLAND PARK FL 34731**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME **P/T/S**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 Mahandra Amin

4/22/02

352-728-3378

Date

Daytime Phone #

CR2E034 (9/01)