

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90225 014 ***150.00

DOCUMENT # P01000092992

1. Entity Name
JRAM INVESTMENTS, INC.



Principal Place of Business
1501 SOUTH STREET
LEESBURG FL 34748

Mailing Address
C/O BUSINESS COUNSELING SERVICES, INC.
PO BOX 1807
OCALA FL 34478

2. Principal Place of Business

3. Mailing Address

3504 STARFISH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FRUITLAND PARK FL

Zip

Country

34731

USA

4. FEI Number 59-3744923

Applied For

Not Applicable

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

SIGNATURE *MAHANDRA*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03. 354-78-3378

Date

Daytime Phone

CR2E034 (10/02)