

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90421 013 ***158.75

DOCUMENT # P01000114988

1. Entity Name
RAMIREZ & RAMIREZ CORP.



Principal Place of Business
**16605 SW 97 TERR.
MIAMI FL 33196**

Mailing Address
**16605 SW 97 TERR.
MIAMI FL 33196**

2. Principal Place of Business

11270 SW 246 st

Suite, Apt. #, etc.

3. Mailing Address

11270 SW 246 st

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip
33032

Country
U.S.A.

City & State
Miami, FL

Zip
33032

Country
U.S.A.

4. FEI Number
80-0001246

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAMIREZ, OSCAR O
16605 SW 97 TERR.
MIAMI FL 33196**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAMIREZ, OSCAR O
16605 SW 97 TERR
MIAMI FL 33196**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**11270 SW 246 st.
Miami, FL 33032**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

April 14, 2003 (305)2571484

Date

Daytime Phone #

CR2E034 (10/02)