

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90107 004 \*\*\*150.00

**DOCUMENT #** P02000027502

1. Entity Name

KLARAM CORPORATION



Principal Place of Business

326 SW 195 AVE  
PEMBROKE PINES FL 33029

Mailing Address

326 SW 195 AVE  
PEMBROKE PINES FL 33029

2. Principal Place of Business

2193 Salerno Circle

3. Mailing Address

2193 Salerno Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, Florida

City & State

Weston, Florida

Zip

33327

Country

USA

Zip

33327

Country

USA

4. FEI Number

03-0423630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ARIAS TOVAR, ILEANA ESQ  
1725 MAIN ST, STE 205  
WESTON FL 33328

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 D  
NAME ROLDAN, RAMPHIS  
STREET ADDRESS 326 SW 195 AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE D  
NAME TOMEL, CLAUDIA  
STREET ADDRESS 326 SW 195 AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P  
NAME ROLDAN, RAMPHIS  
STREET ADDRESS 2193 SALERNO CIRCLE  
CITY-ST-ZIP WESTON FL 33327 ☒ Change ☐ Addition

TITLE D/P  
NAME TOMEL, CLAUDIA  
STREET ADDRESS 2193 SALERNO CIRCLE  
CITY-ST-ZIP WESTON FL 33327 ☒ Change ☐ Addition

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SIGNATURE ROLDAN, RAMPHIS, President

2/25/03

1-954-822-1407

Date

Daytime Phone #

CR2E034 (10/02)