

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90128 029 ***150.00

DOCUMENT # P02000031852

1. Entity Name
RAMA COMMUNICATIONS INC.



Principal Place of Business
**3765 JOHN YOUNG PKWY.
ORLANDO FL 32804**

Mailing Address
**3765 JOHN YOUNG PKWY.
ORLANDO FL 32804**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-3192301

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PERSAUD, SABETA
3765 JOHN YOUNG PKWY.
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **Saveta Persaud**
Street Address (P.O. Box Number is Not Acceptable)
3765 John Young Pkwy
City **Orlando** FL Zip Code **32804**

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 *Saveta Persaud*
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	PD	<input checked="" type="checkbox"/> Delete
NAME	PERSAUD, SABETA	
STREET ADDRESS	3765 JOHN YOUNG PKWY.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	Secretary Vice President	<input type="checkbox"/> Delete
NAME	Sabeta Persaud	
STREET ADDRESS	3765 N. John Young Pkwy	
CITY-ST-ZIP	Orlando FL 32804	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Saveta Persaud	
STREET ADDRESS	3765 N. John Young Pkwy	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Maher	
STREET ADDRESS	3765 N. John Young Pkwy	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Saveta Persaud*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 (407) 523-2770
Date Daytime Phone #

CR2E034 (10/02)