

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 91801 002 ***150.00

DOCUMENT # **PO2000054482**

1. Entity Name **RAMMAR INCORPORATED**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **4458 DRAYTON LANE** 3. Mailing Address **4458 DRAYTON LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **OVIEDO, FLORIDA** City & State **OVIEDO, FLORIDA**

4. FEI Number **02-0604328** Applied For Not Applicable

Zip **32765** Country **SEMINOLE** Zip **32765** Country **SEMINOLE**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MICHAEL NINASSI**
Street Address (P.O. Box Number is Not Acceptable)
303 VIEW CT
APOPKA FL 32703

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 **Michael Ninassi MICHAEL NINASSI, DIRECTOR 4/28/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DIRECTOR	MICHAEL NINASSI	303 VIEW CT	APOPKA, FL 32703				
DIRECTOR	RAHEEL RAHMAN	4458 DRAYTON LANE	OVIEDO, FLORIDA 32765				
DIRECTOR	ATIF RAHMAN	4458 DRAYTON LANE	OVIEDO, FL 32765	DO NOT WRITE IN THIS SPACE			

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 on an attachment with an address, with all other like empowered.

SIGNATURE **Michael Ninassi MICHAEL NINASSI, DIRECTOR 4/28/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #