

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 91180 012 ***150.00

DOCUMENT # P02000107657

1. Entity Name
CRAM INC



Principal Place of Business
**6360 NE 20TH TERRACE
FT. LAUDERDALE, FL 33308**

Mailing Address
**6360 NE 20TH TERRACE
FT. LAUDERDALE, FL 33308**

2. Principal Place of Business
4614 LIBERTY SQUARE DR
Suite, Apt. #, etc.

3. Mailing Address
4614 LIBERTY SQUARE DR.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Acworth, GA

City & State
Acworth, GA

4. FEI Number
35-2183326

Applied For
Not Applicable

Zip
30101

Country
USA

Zip
30101

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, MARIA A
1290 WESTON ROAD
SUITE 306
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name **HELLY COLETTA**
Street Address (P.O. Box Number Is Not Acceptable)

1010 SW 46th AVENUE #108
City **POMPANO BEACH** FL Zip Code **33069**

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

Helly Coletta

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

(NOTE: Registered Agent Signature required when substituting)

DATE

4/30/03

FILED WITH FEE IS \$150.00
After May 1, 2003, Fee will be \$250.00
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 **PVP** ☐ Delete
STREET ADDRESS **MORALES, ROBERTO**
CITY-ST-ZIP **6360 NE 20TH TERRACE
FT. LAUDERDALE, FL 33308**

TITLE
NAME **TD** ☐ Delete
STREET ADDRESS **MORALES, ROBERTO**
CITY-ST-ZIP **6360 NE 20TH TERRACE
FT. LAUDERDALE, FL 33308**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVP** ☒ Change ☐ Addition
NAME **MORALES, ROBERTO**
STREET ADDRESS **4614 LIBERTY SQUARE DR.**
CITY-ST-ZIP **Acworth, GA 30101**

TITLE **TD** ☐ Change ☐ Addition
NAME **MORALES, ROBERTO**
STREET ADDRESS **4614 LIBERTY SQUARE DR.**
CITY-ST-ZIP **Acworth, GA 30101**

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:

Roberto Morales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

(770) 231-5244

Daytime Phone #

CR20034 (10/02)