

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90313 042 ***150.00

CR21150 AV

DOCUMENT # P02000111715

1. Entity Name

RAMOS CONSTRUCTION GROUP, INC.



Principal Place of Business

6841 S.W. 164 CT
MIAMI FL 33193

Mailing Address

6841 S.W. 164 CT
MIAMI FL 33193

2. Principal Place of Business

2371 W. 80 ST

Suite, Apt. #, etc.

E-4

3. Mailing Address

2371 W. 80 ST

Suite, Apt. #, etc.

E-4

City & State

Hialeah FL

Zip

33016

Country

USA

City & State

Hialeah FL

Zip

33016

Country

USA

4. FEI Number

760716887

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BUSINESS FILINGS INCORPORATED~~

~~1000 WEST AVENUE~~

~~SURE-TY~~

~~MIAMI BEACH FL 33139~~

7. Name and Address of New Registered Agent

Name

Alex Ramos

Street Address (P.O. Box Number is Not Acceptable)

2371 W. 80 ST. Bay E-4

City

Hialeah

FL

Zip Code

33016

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)

04-27-03

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
RAMOS, ALEX
6841 S.W. 164 CT
MIAMI FL 33193

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-03

Date

Daytime Phone #

CR2E034 (10/02)