FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90069 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10091349

DOCUMENT # P02000118507

1. Entity Name
CL RAMOS CORPORATION

Principal Place of Business	Mailing Address
926 SOUTHWEST 5TH STREET SUITE 1 MIAMI, FL 33130	926 SOUTHWEST 5TH STREET SUITE 1 MIAMI, FL 33130

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1501 SW 122 AVE	1501 SW 122 AVE
Suite, Apt. #, etc.: UNIT #5	Suite, Apt. #, etc.: UNIT #5
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33184 Country: USA	Zip: 33184 Country: USA

4. FEI Number: 02-0651244 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name: CESAR L RAMOS
Street Address (P.O. Box Number is Not Acceptable): 1501 SW 122 AVE UNIT #5
City: MIAMI, FL Zip Code: 33184

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 X [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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAMOS, CESAR L	NAME	
STREET ADDRESS	926 SOUTHWEST 5TH STREET, SUITE 1	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33130	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: X [signature] CESAR L. RAMOS PRESIDENT (305) 225-8301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #