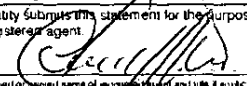
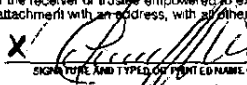


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90069 002 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000118507			
1. Entity Name CL RAMOS CORPORATION			
Principal Place of Business 926 SOUTHWEST 5TH STREET SUITE 1 MIAMI, FL 33130		Mailing Address 926 SOUTHWEST 5TH STREET SUITE 1 MIAMI, FL 33130	
2. Principal Place of Business 1501 SW 122 AVE Suite, Apt. #, etc. UNIT #5		3. Mailing Address 1501 SW 122 AVE 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 ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1940 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 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 		DATE	
Signature, typed or printed name of registered agent (and title if applicable)		(NOTE: Registered Agent's signature required when removing)	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PSTD RAMOS, CESAR L 926 SOUTHWEST 5TH STREET, SUITE 1 MIAMI, FL 33130			
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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: 		CESAR L. RAMOS (305) 225-8301 PRESIDENT	
Signature, typed or printed name of signing officer or director		Daytime Phone #	

10091349



☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)