

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-19-2003 90011 038 ***150.00

DOCUMENT # P02000130793

1. Entity Name
RADMAR, INC.



Principal Place of Business
**13550 MEMORIAL HWY
MIAMI FL 33161-3632**

Mailing Address
**13550 MEMORIAL HWY
MIAMI FL 33161-3632**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **56-2318174** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COOK, RUTH ANN
13550 MEMORIAL HWY
MIAMI FL 33161-3632**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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	D	<input type="checkbox"/> Delete
NAME	COOK, RUTH ANN	
STREET ADDRESS	13550 MEMORIAL HWY	
CITY-ST-ZIP	MIAMI FL 33161-3632	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, MARIANNE,	
STREET ADDRESS	13550 MEMORIAL HWY	
CITY-ST-ZIP	MIAMI FL 33161-3632	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, RONALD	
STREET ADDRESS	13550 MEMORIAL HWY	
CITY-ST-ZIP	MIAMI FL 33161-3632	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, DANIEL ANN	
STREET ADDRESS	13550 MEMORIAL HWY	
CITY-ST-ZIP	MIAMI FL 33161-3632	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ruth Ann Cook*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-03
Date

305-892-8440
Daytime Phone #

CR2E034 (10/02)