

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P04000165139
1. Entity Name	
RAMOS TELLO ENTERPRISES CORP	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address	
302 E 45 ST		Suite, Apt. #, etc.	
City & State		City & State	
HIALEAH, FL			
Zip	Country	Zip	Country
33013			

**REINSTATEMENT**

4. FEI Number	Applied For
20-3575971	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
HUGO J RAMOS	
Street Address (P.O. Box Number is Not Acceptable)	
302 E 45 ST	
City	Zip Code
HIALEAH	33013

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  HUGO J RAMOS 10/5/2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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	P
NAME	RAMOS, HUGO J
STREET ADDRESS	302 E 45 ST
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	VP
NAME	TELLO, MIGUEL
STREET ADDRESS	12245 SW 151 ST, #103
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  HUGO J RAMOS, PRESIDENT 10/5/2005 (786) 554-1037  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ZafZ

**Ramos-Tello Enterprises Corp.**

302 East 45 Street  
Hialeah, FL 33013

October 5, 2005

Florida Department of State  
P O Box 6327  
Tallahassee, Florida 32314

Subject: RAMOS-TELLO ENTERPRISES CORP

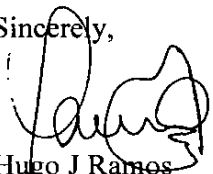
Ref: P04000165139

Enclosed please find the 2005 Uniform Business Report, along with the payment of \$150.00.

We wish to request a waiver of the reinstatement fee, because we did not receive any previous notice from you in this regard, and were not aware that a payment had to be made.

We thank you for your understanding.

Sincerely,



Hugo J Ramos  
President