

2000 UNIFORM BUSINESS REPORT

DOCUMENT # **P93600001075**

1. Entity Name

DON RAMON III INC

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FILED
Jul 13, 2000 8:00 am
Secretary of State

05-24-2000 90144 017 ***150.00

Principal Place of Business Mailing Address
100 SE MONTEREY RD 721 HUNTER ST
STUART FL 34994 WEST PALM BCH FL 33405

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0377816		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip		Country		Zip		Country	

DO NOT WRITE IN THIS SPACE

FELISA VILARINO

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.

SIGNATURE **Felisa Vilarino** DATE **04-28-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRESIDENT	<input type="checkbox"/> Delete	TITLE FELISA VILARINO	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME FELISA VILARINO		NAME			
STREET ADDRESS 721 HUNTER ST		STREET ADDRESS			
CITY-ST-ZIP WEST PALM BEACH FL		CITY-ST-ZIP			
TITLE PRESIDENT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME RAMON VILARINO		NAME			
STREET ADDRESS 3901 S FLAGLER DR #705		STREET ADDRESS			
CITY-ST-ZIP WEST PALM BEACH, FL 33405		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Felisa Vilarino** DATE **04-28-00** DAYTIME PHONE **561-487-3894**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR