

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # 794000008587

1. Entity Name

R.A.M. of South Florida, Inc.

02 DEC -3 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1841 LYONS RD.

3. Mailing Address

1841 LYONS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 307

STE 307

City & State

City & State

COCONUT CREEK, FL

COCONUT CREEK, FL

Zip

Country

Zip

Country

33063

U.S.A.

33063

U.S.A.

4. FEI Number

650501423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

DAVID J. VALDINI

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

5353 N. Federal Hwy #303

City

FORT LAUDERDALE FL

Zip Code

33308

**DO NOT WRITE
IN THIS SPACE**

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

DAVID J. VALDINI

11/19/02

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

PVST

NAME

MIQUEL, GEORGE

STREET ADDRESS

1841 LYONS RD.

CITY - ST - ZIP

COCONUT CREEK, FL 33063

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

700009325777

12/03/02--01075--009 **150.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/02

Date

561-305-0612

Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**

R.A.M. OF SOUTH FLORIDA INC.

5030 Champion Blvd G-6 #441

Boca Raton, Florida 33496

Phone (561) 305-0612 / Fax (561) 638-7784

"Your Full Service Commercial Concrete Contractor"

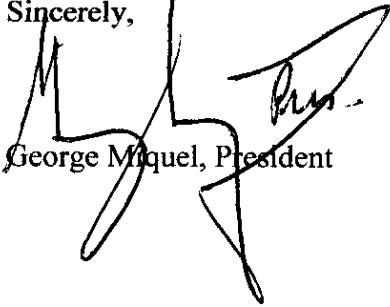
November 18, 2002

To Whom It May Concern,

This letter is to inform you that our company has not received the Uniform Business Report for 2002. Neither the 1st request or the second request was received. In a phone conversation with one of your associates, I was instructed to download the form from the internet. Complete the form. Mail a check for \$150.00 along with the form to your office.

Thank you in advance with your cooperation with regards to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "George Miquel", is written over a large, stylized, handwritten "X" or similar mark.

George Miquel, President