

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034694

1. Entity Name

R.A.M. FOOD INDUSTRIES, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90005 007 ***550.00

Principal Place of Business

713 NW 6 AVE
FT LAUDERDALE FL 33311

Mailing Address

P O BOX 427
FT LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0537791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TILLMAN, RONALD M
713 NW 6 AVE
FT LAUDERDALE FL 33311

Name

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

1313 NW 10 STREET

City

DANIA

FL

Zip Code

33004

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

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD ☐ Delete
NAME TILLMAN, RONALD M
STREET ADDRESS 713 NW 6 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE ☒ Change ☐ Addition
NAME 1313 NW 10 STREET
STREET ADDRESS DANIA, FL 33004
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME TILLMAN, RONALD M
STREET ADDRESS 713 NW 6 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE ☒ Change ☐ Addition
NAME 1313 NW 10 STREET
STREET ADDRESS DANIA, FL 33004
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/28/00 (954)
922-8181

Daytime Phone #

CR2E034 15/00