

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90216 022 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000042665

1. Entity Name

RAMAR DISTRIBUTING CORP.

Principal Place of Business

Mailing Address

5811 S.W. 21ST STREET
 HOLLYWOOD FL 33023

5811 S.W. 21ST STREET
 HOLLYWOOD FL 33437-5477

2. Principal Place of Business

7668 SPRINGWATER PLACE

3. Mailing Address

7668 SPRINGWATER PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. 102

APT 102

City & State

City & State

BOYNTON BEACH, FL

BOYNTON BEACH, FL

4. FEI Number

65-0496840

Applied For

Not Applicable

Zip

33437

Country

PALM BEACH

Zip

33437

Country

PALM BEACH

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

FEIN, SIDNEY J
7668 SPRINGWATER PLACE
APT 102
BOYNTON BEACH FL 33437

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.

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 \$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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete
 NAME **FEIN, ETHEL C**
 STREET ADDRESS **7668 SPRINGWATER PLACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **S/T/D** ☒ Change ☐ Addition
 NAME **FEIN, ETHEL C**
 STREET ADDRESS **7668 SPRINGWATER PLACE, APT 102**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE **P** ☐ Delete
 NAME **FEIN, SIDNEY J**
 STREET ADDRESS **7668 SPRINGWATER PLACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **FEIN, SIDNEY J**
 STREET ADDRESS **7668 SPRINGWATER PLACE, APT 102**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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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: **SIDNEY J FEIN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00
 Date

361-369-5564
 Daytime Phone #