

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064138

1. Entity Name  
**R. & G. RAMIREZ ENTERPRISES, INC.**

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**  
04-03-2000 90191 025 \*\*\*150.00

Principal Place of Business      Mailing Address  
**7104 WOODIBIS DR.**      **7104 WOODIBIS DR.**  
**NEW PORT RICHEY FL 34654**      **NEW PORT RICHEY FL 34654-5925**



DO NOT WRITE IN THIS SPACE

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	59-3265356	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>RAMIREZ, RAUL E</b> <b>7104 WOODIBIS DR.</b> <b>NEW PORT RICHEY FL 34654</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
ADDRESS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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: GAIL RAMIREZ 4/1/00 727-841-6623  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #