FILED
Jul 02, 2002 8:00 am
Secretary of State
06-02-2002 90906 043 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004954

1. Entity Name
RAM RECREATIONAL ATHLETIC MERCHANDISE,INC

DO NOT WRITE IN THIS SPACE

37200

2. Principal Place of Business	3. Mailing Address
4760 NW	1140 98TH Street
Suite, Apt. #, etc. 169 Street	Suite, Apt. #, etc. #3
City & State MIAMI FL 33055	City & State BAY HARBOR Isl
Zip 33055 Country USA	Zip 33154 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0517455 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name RODRIGUEZ CRUZ M
Street Address (P.O. Box Number is Not Acceptable)
4760 (NW) NORTHWEST 169 St
City MIAMI FL Zip Code 33055

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) ☐

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	P	TITLE	
NAME	MARTINEZ, ROBERTO A	NAME	
STREET ADDRESS	1140-98TH St #3	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	BERGMAN, CHRISTINA A	NAME	
STREET ADDRESS	11409 8TH BAY HARBOR Isl	STREET ADDRESS	
CITY-ST-ZIP	FL 33154	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 empowered.

SIGNATURE: Director
ROBERTO A MARTINEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05 27 02 (305) 861-7686
Date Daytime Phone #