

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #**  
 1. Entity Name **FLORIDA BELL, INC.**

Principal Place of Business Mailing Address  
**11471 W. SAMPLE RD, STE 17**  
**CORAL SPRINGS, FL 33065**

2. Principal Place of Business **AS ABOVE**  
 Suite, Apt. #, etc.  
 3. Mailing Address **AS ABOVE**  
 Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country

4. FEI Number ☒ Applied For  
☐ Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**FILED**  
**00 APR 24 PM 1:55**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
 Name **SAM RAMAN**  
 Street Address (P.O. Box Number is Not Acceptable) **11471 W. SAMPLE RD**  
**SUITE 17**  
 City **CORAL SPRINGS** **FL** Zip Code **33065**

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 **SAM RAMAN** **SAM RAMAN** **PRESIDENT** **4/10/00**  
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**

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <b>D</b>                        | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>ELLIS SIMRING</b>            |  |
| STREET ADDRESS | <b>800 W. OAKLAND PARK BLVD</b> |  |
| CITY-ST-ZIP    | <b>FT. LAUDERDALE, FL 33311</b> |  |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> Delete            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY-ST-ZIP    |                                 |  |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | <b>P/S</b>                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>SAM RAMAN</b>                  |  |
| STREET ADDRESS | <b>11471 W. SAMPLE RD, STE 17</b> |  |
| CITY-ST-ZIP    | <b>CORAL SPRINGS, FL 33065</b>    |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> Change <input type="checkbox"/> 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: **SAM RAMAN** **4/10/00** **954-227-3600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

**SP**