

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000059910**

1. Entity Name

G. RAMOS ENTERPRISES, INC.**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90064 009 ***150.00

Principal Place of Business

10700 WEST FLAGLER STREET
MIAMI FL 33174

Mailing Address

10700 WEST FLAGLER STREET
MIAMI FL 33174

2. Principal Place of Business

15990 NW 49 AVE

Suite, Apt. #, etc.

3. Mailing Address

15990 NW 49 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL 33014

Zip

33014

Country

City & State

MIAMI FL

Zip

33014

Country

4. FEI Number

65-0605437

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MORENO, IGNACIO
% DON PAN INTERNATIONAL BAKERY
10700 W. FLAGLER ST., WEST FLAGLER PLAZA
MIAMI FL 33174

7. Name and Address of New Registered Agent

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's 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GORRIN, JUAN	
STREET ADDRESS	10700 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	GORRIN, ALVARO	
STREET ADDRESS	10700 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MORENO, IGNACIO	
STREET ADDRESS	10700 WEST FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33174	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400 S DIXIE HWY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7622 SW 129 PL.	
CITY-ST-ZIP	MIAMI FL 33183	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)