

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90043 043 ***150.00

DOCUMENT # P95000092358

1. Entity Name
RAMACO IMPEX, INC.

Principal Place of Business
~~% ROBERT STROGIS~~
~~251 MAITLAND AVENUE STE 202~~
~~ALTAMONTE SPRINGS FL 32701~~

Mailing Address
~~% ROBERT STROGIS~~
~~251 MAITLAND AVENUE STE 202~~
~~ALTAMONTE SPRINGS FL 32701~~

2. Principal Place of Business
2123 W. CHURCH ST.
 Suite, Apt. #, etc.

3. Mailing Address
2123 W. CHURCH ST.
 Suite, Apt. #, etc.

City & State
ORLANDO, FL
 Zip
32805 Country
USA

City & State
ORLANDO, FL
 Zip
32805 Country
USA

4. FEI Number
59-3359333

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~STROGIS, ROBERT~~
~~251 MAITLAND AVENUE~~
~~SUITE 202~~
~~ALTAMONTE SPRINGS FL 32701~~

7. Name and Address of New Registered Agent

Name **TRIVEDI, HARESH**
 Street Address (P.O. Box Number is Not Acceptable)
2123 W. CHURCH ST.
 City **ORLANDO** **FL** Zip Code **32805**

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 *H. B. Trivedi*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

21st April 2002
 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, 2002 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	P <input type="checkbox"/> Delete
NAME	TRIVEDI, HARESH
STREET ADDRESS	STROGIS 251 MAITLAND AVE STE 202
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	S <input type="checkbox"/> Delete
NAME	PRAKASH, TRIVEDI
STREET ADDRESS	STROGIS 251 MAITLAND AVE STE 202
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	VP <input type="checkbox"/> Delete
NAME	PRAFUL, TRIVEDI
STREET ADDRESS	STROGIS 251 MAITLAND AVE STE 202
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	STROGIS, ROBERT
STREET ADDRESS	251 MAITLAND AVE STE 202
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2123 W. CHURCH ST.
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2123 W. CHURCH ST.
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2123 W. CHURCH ST.
CITY-ST-ZIP	ORLANDO, FL 32805
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: *H. B. Trivedi*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20th April 2002
 Date Daytime Phone #

CR2E034 (9/01)