

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2004

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90392 011 ***150.00

DOCUMENT # P 96000064360

1. Entity Name

RAMA AIR CONDITIONING, INC.

DO NOT WRITE IN THIS SPACE

94077713

2. Principal Place of Business

7462 NW 8TH ST

Suite, Apt. #, etc.

3. Mailing Address

7462 NW 8TH ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLCity & State
MIAMI FL

4. FEI Number

65-0686311

Applied For

Not Applicable

Zip
33126

Country

USA

Zip
33126

Country

USA

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

7. Name and Address of Current Registered Agent

Name

BASCOY, MANUEL JR.

Street Address (P.O. Box Number is Not Acceptable)

7462 NW 8TH ST

City

MIAMI

FL

Zip Code

33126

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and effects 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST BASCOY, MANUEL JR. 7462 NW 8TH ST MIAMI FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/04

Date

305-262-1121

Telephone Number