

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90013 006 ***158.75

DOCUMENT # P96000095900

1. Entity Name

RAMOS AND ASSOCIATES, INC.

Principal Place of Business

**222 E. BULLARD PARKWAY
TAMPA FL 33617**

Mailing Address

**P.O. BOX 25011
TAMPA FL 33622**

2. Principal Place of Business

306 E. Bullard Pkwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

4. FEI Number

59-3410270

Applied For

Not Applicable

Zip

33617

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAMOS, JOSE S
222 E. BULLARD PARKWAY
TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name

Jose S. Ramos

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

306 E. Bullard Pkwy

City

TAMPA

FL

Zip Code

33617

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) ☐

**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	PD	<input type="checkbox"/> Delete
NAME	RAMOS, JOSE S	
STREET ADDRESS	222 E. BULLARD PARKWAY	
CITY - ST - ZIP	TAMPA FL 33617	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAMOS, MINERVA F	
STREET ADDRESS	222 E. BULLARD PARKWAY	
CITY - ST - ZIP	TAMPA FL 33617	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RAMOS, YASMIRA	
STREET ADDRESS	222 E. BULLARD PARKWAY	
CITY - ST - ZIP	TAMPA FL 33617	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RAMOS, NADJA	
STREET ADDRESS	222 E. BULLARD PARKWAY	
CITY - ST - ZIP	TAMPA FL 33617	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RAMOS, YARINEL	
STREET ADDRESS	222 E. BULLARD PARKWAY	
CITY - ST - ZIP	TAMPA FL 33617	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

CR25-034 (9/99)