

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90099 001 ***158.75

DOCUMENT # P96000095900

1. Entity Name

RAMOS AND ASSOCIATES, INC.

Principal Place of Business

**306 E. BULLARD PKWY
TAMPA FL 33617**

Mailing Address

**306 E. BULLARD PKWY
TAMPA FL 33617**

2. Principal Place of Business

3. Mailing Address

17905 CACHET ISLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

4. FEI Number

59-3410270

Applied For

Not Applicable

Zip

Country

Zip

Country

33647

HILLSBOROUGH

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RAMOS, JOSE S

**306 E. BULLARD PKWY
TAMPA FL 33617**

7. Name and Address of New Registered Agent

Name

JOSE S. RAMOS

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

17905 CACHET ISLE

City

TAMPA

FL

Zip Code

33647

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JOSE S. RAMOS

4-15-2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **RAMOS, JOSE S**
STREET ADDRESS **222 E. BULLARD PARKWAY**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **RAMOS, MINERVA F**
STREET ADDRESS **222 E. BULLARD PARKWAY**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **RAMOS, YASMIRA**
STREET ADDRESS **222 E. BULLARD PARKWAY**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **RAMOS, NADJA**
STREET ADDRESS **222 E. BULLARD PARKWAY**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **RAMOS, YARINEL**
STREET ADDRESS **222 E. BULLARD PARKWAY**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

JOSE S. RAMOS - President **4/15/2002** **(813) 985-3175**

Date

Daytime Phone #

CR2E034 (9/01)