

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103759

1. Entity Name

FIRE-RAM INTERNATIONAL, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90178 048 ***150.00

Principal Place of Business

Mailing Address

19710 WEST LAKE DRIVE
HIALEAH FL 33015
US

19710 WEST LAKE DRIVE
HIALEAH FL 33015-2251
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0724595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORENZO, MANUEL JR.
17802 N.W. 79TH COURT
MIAMI FL 33015

Name
DAWN SCHILLING

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

222 POINCIANA IS. DR.

City
Sunny Isles Beach

FL

Zip Code
33160

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

Dawn Schilling **DAWN SCHILLING**

4/19/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PT
LORENZO JR., MANUEL
17802 NW 79 CT
MIAMI FL

☐ Delete

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP
VS
SCHILING, WILLIAM QUINN
222 POINCIANA ISLAND DR
SUNNY ISLES FL

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☐ Change ☐ Addition

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:

William Quinn Schilling
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-00

CR2E034 (9/99)