

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**  
 03-21-2000 90023 018 \*\*\*158.75

**DOCUMENT # P97000000785**

1. Entity Name

**RAMOS MARBLE AND GRANITE INC.**

Principal Place of Business

2804 N. ARMENIA AVE.  
 TAMPA FL 33607  
 US

Mailing Address

P.O. BOX 10185  
 TAMPA FL 33679-0185  
 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

**59-3418607**

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

**RAMOS, JOHN J**  
**4115 W CORONA ST**  
**TAMPA FL 33629**

Name

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

City

**FL**

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	CHIEF EXECUTIVE OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, JOHN J		NAME	JOHN J. RAMOS	
STREET ADDRESS	4115 CORONA ST.		STREET ADDRESS	4115 CORONA ST.	
CITY-ST-ZIP	TAMPA 33629		CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Delete	TITLE	Chief Operating officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Vincent M. Ramos	
STREET ADDRESS			STREET ADDRESS	4313 W. Corona St.	
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33629	
TITLE		<input type="checkbox"/> Delete	TITLE	Chief Administrative Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Gail M. Crawford	
STREET ADDRESS			STREET ADDRESS	55 Joyce St.	
CITY-ST-ZIP			CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

**NOTARIZATION REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00

Date

(813) 253-2620

Daytime Phone #

CR2E034 (9/99)