PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P9700003090

1. Corporation Name

RAMDASS SOOKRIR INC.

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90154 024 ***150.00

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Principal Place	e of Business	Mailing Address				- I Indiibat via inti tabut dout antiz antiz antiz	18111	19111 6811 1891	
11261 NW 27Th	+ ST	11261 NW 27TH ST							
PLANTATION FL 33323 PLANTATION FL 33323									
						DO NOT WRITE IN T	HIS SPACE		
						3. Date incorporated or Qualifed 01/13/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	. Ap	plied For	
21		26				65-0754289	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75		
22						5. Certificate of Citator Double	. Fee Re	quired	
City & State		City & State				6. Election Campaign Financing	\$5.00	•	
23						Trust Fund Contribution	Added 1	o Fees	
Zip	Country	Zip				8. This corporation owes the current year Intangible			
24	25	29	30	,		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curre	ent Registered Agent		ļ.,,		10. Name and Address of New Registe	red Agent		
0.07	THE CUEIDON LECO			81	Name				
	TLIEB, SHELDON L ESQ.	la sante.		82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
	51 NW 27TH ST	<u>u</u>		Ш			· · · · · · · · · · · · · · · · · · ·		
PLAI	NTATION FL 33323			83		•			
				84	City		FL 85 Zip	Code	
		-00 1 007 4500 Flid- Ct				oration submits this statement for the purpos		registered	
office or r	registered agent or both in the Stat	e of Florida. Such change wa	s authorized	d by i	the corporation	on's board of directors. I hereby accept the a	ppointment as re	gistered	
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Stat	utes.					Ì
SIGNATURE						d when reinstating) DAT	· =		_
	Signature, typed or printed name of registered as		13.	Agen	t signature require	d when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		RS IN 12	a
12 . ππε	PD	AND DIRECTORS 13.		TI F			· ~ Change	Addition	111
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14. 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 annual report or supplemental annual 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 12 or Block 13 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

2-25-59.

Daytime Phone #

CRZEU34 (11/98)