

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012338

1. Entity Name
RAMM TRANSPORT INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90162 019 ***150.00

Principal Place of Business

10919 CARNELIAN LANE
RIVERVIEW FL 33569

Mailing Address

10919 CARNELIAN LANE
RIVERVIEW FL 33569

2. Principal Place of Business

5809 Sierra Crest Ln
Suite, Apt. #, etc.

3. Mailing Address

5809 Sierra Crest Ln
Suite, Apt. #, etc.

City & State

Lithia, FL

City & State

Lithia FL

Zip

33547

Country

Zip

33547

Country

4. FEI Number

59-3433863

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

DICKENS, MARK S
7020 N 56TH STREET
SUITE 15
TEMPLE TERRACE FL 33617

Name

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

9340 N. 56th ST. Ste 200A

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, 2001 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 P
NAME COHEN, MAREN
STREET ADDRESS 10919 CARNELIAN LANE
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

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

TITLE V
NAME COHEN, RICHARD S
STREET ADDRESS 10919 CARNELIAN LANE
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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TITLE
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CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)