

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90088 045 ***158.75

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1. Entity Name
RAMON NAJAR, INC.

Principal Place of Business
**4610 ORCHARD LANE
NAPLES FL 34112**

Mailing Address
**4610 ORCHARD LANE
NAPLES FL 34112**



2. Principal Place of Business
3307 GUILFORD RD

3. Mailing Address
3307 GUILFORD RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
NAPLES FL.

City & State
NAPLES FL.

4. FEI Number **59-3427832**

Applied For
Not Applicable

Zip Country
34112

Zip Country
34112

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

**NAJAR, RAMON
4610 ORCHARD LANE
NAPLES FL 34112**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ramon Najjar*
Signature, typed or printed name of registered agent and title if applicable.

03-09-03.
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 - Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|-----------------|-------------------|-----------------|--------------------------|
| PD | NAJAR, RAMON | 4610 ORCHARD LANE | NAPLES FL 34112 | <input type="checkbox"/> |
| D | NAJAR, GRACIELA | 4610 ORCHARD LN | NAPLES FL 34112 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|-------------------|-------------------|------------------|-------------------------------------|--------------------------|
| | RAMON NAJAR P.O. | 3307 GUILFORD RD. | NAPLES FL. 34112 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | GRACIELA NAJAR D. | 3307 GUILFORD RD. | NAPLES FL. 34112 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ramon Najjar* **SIGNATURE REQUIRED**

03-09-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)