

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058014

1. Entity Name

RAMP DESIGN STUDIOS, INC.

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90027 008 ***150.00

Principal Place of Business

Mailing Address

206 DANBURY ROAD
WILTON CT 06899

206 DANBURY ROAD
WILTON CT 06897-4004

2. Principal Place of Business

3. Mailing Address

50 WASHINGTON STREET

50 WASHINGTON STREET

Suite, Apt. #, etc.

1211

Suite, Apt. #, etc.

1211

City & State

SOUTH NORWALK CT

City & State

SOUTH NORWALK CT

Zip

06854

Country

USA

Zip

06854

Country

USA

4. FEI Number

65-0786413

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

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

TITLE PD
NAME KOCH, ROGER L
STREET ADDRESS 2137 HIBISCUS CIRCLE
CITY-ST-ZIP NORTH MIAMI FL 33181 ☒ Delete

TITLE PD
NAME KENNETH S GREENBERG
STREET ADDRESS 1266 E. MAIN STREET
CITY-ST-ZIP STAMFORD, CT 06854 ☐ Change ☒ Addition

TITLE STD
NAME TRIPODO, ANTHONY J
STREET ADDRESS 1131 NE 97 STREET
CITY-ST-ZIP MIAMI SHORES FL 33138 ☒ Delete

TITLE PD
NAME NOAH MALLIN
STREET ADDRESS 1266 110E. 59th STREET
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Change ☒ Addition

TITLE D
NAME MOUSSA, GEORGE
STREET ADDRESS 520 N.W. 60 COURT
CITY-ST-ZIP MIAMI CITY FL 33126 ☒ Delete

TITLE TD
NAME SCOTT C DUNN
STREET ADDRESS 50 WASHINGTON STREET
CITY-ST-ZIP SOUTH NORWALK, CT 06854 ☐ Change ☒ Addition

TITLE D
NAME SALTER, STEVEN C
STREET ADDRESS 5785 SW 88 AVEBYE
CITY-ST-ZIP COOPER CITY FL 33328 ☒ Delete

TITLE S
NAME DALI MASUD
STREET ADDRESS 110E 59th STREET
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Change ☒ Addition

TITLE D
NAME SKINNER, RAYMOND
STREET ADDRESS 2333 BRICKELL AVENUE #508
CITY-ST-ZIP MIAMI FL 33129 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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

TREASURER

Date

Daytime Phone #

4/13/00

CR: 034 (9/99)