

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090839

1. Entity Name  
RAMAT MIAMI, CORP.Principal Place of Business  
9260 SW 72 ST  
#206  
MIAMI FL 33173Mailing Address  
9260 SW 72 ST  
#206  
MIAMI FL 33173

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State

Zip Country

City &amp; State

Zip Country

4. FEI Number

65-0789630

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional

Fee Required

## 6. Name and Address of Current Registered Agent

BAROUEH, ALBERTO  
9260 SW 72ND STREET  
SUITE 206  
MIAMI FL 33173

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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 D  Delete  
NAME ANDRADE, JENNY M  
STREET ADDRESS RESIDENCIAS MONTERREY EDIFICIO 10, APT 16  
CITY-ST-ZIP SAN CRISTOBAL, VENEZUELA CATITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  Delete  
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CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
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:

JENNY M. ANDRADE  
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
May 12, 2002 8:00 am  
Secretary of State

05-12-2002 90633 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

077452  
AV

CR2E034 (9/01)

Date Daytime Phone #