

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90039 004 \*\*\*150.00

**DOCUMENT # P98000016873**

1. Entity Name  
**RAMED INTERNATIONAL INC.**

*R*

Principal Place of Business  
 14301 S.W. 121 PLACE  
 MIAMI FL 33186

Mailing Address  
 14301 S.W. 121 PLACE  
 MIAMI FL 33186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0834028**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MEDINA, ROSA**  
**14301 S.W. 121 PLACE**  
**MIAMI FL 33186**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PVST**  
**MEDINA, ROSE**  
**14301 S.W. 121 PLACE**  
**MIAMI FL 33186**

☐ Delete

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**MEDINA, ROSE**  
**14301 S.W. 121 PLACE**  
**MIAMI FL 33186**

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☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment # P98000016873  
DW76447

July, 2000

Department of State  
Division of Corporation

Uniform Business Report Fillings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Ramed International Inc.

To whom it may concern:

Please be advised that we renewed our corporation every year, but this time we did not received the first annual report on our address. Enclose there is a check for the amount of \$150.00 dollars. Therefore we are pleading you to waive the penalty charges and excuse any inconvenience this might have caused.

If you have any question don't hesitate to contact me if you still need further assistance, in the meantime I remain.

Respectfully,

Rosa Medina  
President