

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022346

1. Entity Name

RAMANI, INC.

Principal Place of Business

13215 TANGERINE BLVD
WEST PALM BEACH FL 33412

Mailing Address

13215 TANGERINE BLVD
WEST PALM BEACH FL 33412-1918

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PASTOR, ROBERT M
13215 TANGERINE BLVD
WEST PALM BEACH FL 33412

7. Name and Address of New Registered Agent

Name **ROBERT M. PASTOR**

Street Address (P.O. Box Number is Not Acceptable)
13257 TANGERINE BLVD

City **WEST PALM BEACH** FL Zip Code **33412**

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

TITLE **PTD** ☐ Delete
NAME **PASTOR, ROBERT**
STREET ADDRESS **13215 TAUGERONE BLVD.**
CITY-ST-ZIP **W. PALM BEACH FL 33412**

TITLE **DS** ☐ Delete
NAME **CHASE, JEAN A**
STREET ADDRESS **13257 TANGERINE BLVD.**
CITY-ST-ZIP **W. PALM BEACH FL 33412**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **13257 TANGERINE BLVD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/7/2000

Date

4567791-8085

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90043 025 ***150.00