

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P98000038502

1. Entity Name

RAM CONSTRUCTION SERVICES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-22-2000 90099 016 ***150.00

Principal Place of Business

2331 NE 49TH ST
LIGHTHOUSE POINT FL 33064
US

Mailing Address

2331 NE 49TH ST
LIGHTHOUSE POINT FL 33064-7808
US

2. Principal Place of Business

3. Mailing Address

1946 NE 2ND Street

1946 NE 2ND Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Deerfield Beach, FL

Deerfield Beach, FL

Zip

Country

Zip

Country

33441

33441

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUBKO, JOHN
2331 NE 49TH ST
LIGHTHOUSE POINT FL 33064

CORRECTION →

JOHN SUBKO

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

1946 N.E. 2ND Street

City Deerfield Beach

FL

Zip Code

33441

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

4-17-2000

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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	DP	<input type="checkbox"/> Delete
NAME	SUBKO, JOHN	
STREET ADDRESS	2331 NE 49TH ST	
CITY-ST-ZIP	LHP FL 33064	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ROGERS, VICTOR	
STREET ADDRESS	2331 NE 49TH ST	
CITY-ST-ZIP	LHP FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBKO, JOHN	
STREET ADDRESS	1946 N.E. 2ND ST.	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, VICTOR	
STREET ADDRESS	1946 N.E. 2ND ST.	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

4-17-2000 954-421-8785

Date

Daytime Phone #

CR2004 (9/99)