

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90278 005 ***150.00

DOCUMENT # P98000057170

1. Entity Name
RAM'S BAKERY ENTERPRISES, INC.

Principal Place of Business

2145 VISCOUNT ROW
ORLANDO FL 32809

Mailing Address

2145 VISCOUNT ROW
ORLANDO FL 32809

2. Principal Place of Business

861 N.W. 85 Terrace

Suite, Apt. #, etc.

Apt # 1815

City & State

Plantation, FL

Zip

33324

Country

3. Mailing Address

861 N.W. 85 Terrace

Suite, Apt. #, etc.

Apt # 1815

City & State

Plantation, FL

Zip

33324

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0852970

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROSMAN, ROTEM
2145 VISCOUNT ROW
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

AL H. DESAI

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

5401 Kirkman Road

Suite 505

City

ORLANDO

FL

Zip Code

32819

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.

AL H. DESAI

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/02

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **GROSMAN, ROTEM**
 CITY-ST-ZIP **2145 VISCOUNT ROW**
ORLANDO FL 32809

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PSTD**
 STREET ADDRESS **GROSMAN, ROTEM**
 CITY-ST-ZIP **861 N.W. 85 Terrace # 1815**
PLANTATION, FL 33324

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

4-18-02

Date

Daytime Phone #

CR2E034 (9/01)