

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000065448**

1. Entity Name

RAMZEY'S A PLUS, INC.

Principal Place of Business

Mailing Address

1451 DIXON BLVD
COCOA FL 329221451 DIXON BLVD
COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

1206 N US1
Suite, Apt. #, etc.1206 N US1
Suite, Apt. #, etc.

City & State

City & State

Cocoa FL

Cocoa FL

Zip

Country

Zip

Country

32922

32922

4. FEI Number 59-3525435

Applied For

Not Applicable

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

QABLAWI, NEZAR
1229 WINDING MEADOWS RD
ROCKLEDGE FL 32955

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	QABLAWI, NEZAR	1229 WINDING MEADOWS RD	ROCKLEDGE FL 32955	<input type="checkbox"/>
V	QABLAWI, ADEL	1199 WALNUT GROVE	ROCKLEDGE FL 32955	<input type="checkbox"/>
T	QABLAWI, AMELIA	1229 WINDING MEADOWS RD	ROCKLEDGE FL 32955	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

1-5-01 321 637-0900

CR2E034 (10/00)