# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Yr 2

**FILED**
**May 21, 2002 8:00 am**
**Secretary of State**
05-21-2002 91114 047 ***150.00

DOCUMENT # P98000080541

1. Entity Name
Ram-Jas Corporation

664052

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 151 Coral Reef Circle | 151 Coral Reef Circle |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Kissimmee FL. | City & State: Kissimmee FL. |
| Zip: 34743. Country: | Zip: 34743 Country: |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3533427 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 P. | |
| NAME Oscar Rambarran. | |
| STREET ADDRESS 151 Coral Reef Circle | |
| CITY-ST-ZIP Kissimmee FL. 34743. | |
| TITLE SD | |
| NAME Josdora Rambarran | |
| STREET ADDRESS 151 Coral Reef Circle | |
| CITY-ST-ZIP Kissimmee FL. 34743. | |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: O R [illegible] 4/30/02 407-892-8857.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #