

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90071 034 ***158.75

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DOCUMENT # P98000094967

1. Entity Name

CAL-RAM INVESTMENTS, INC.

Principal Place of Business

**15130 NW 7TH STREET
 PEMBROKE PINES FL 33028
 US**

Mailing Address

**15130 NW 7TH STREET
 PEMBROKE PINES FL 33028
 US**

2. Principal Place of Business

**15240 NW 7 STREET
 Suite, Apt. #, etc.**

3. Mailing Address

**15240 NW 7 STREET
 Suite, Apt. #, etc.**

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33028

Country

Zip

33028

Country

4. FEI Number

65-0874223

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CHEEKES, WARREN
 15130 NW 7TH STREET
 PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent

Name **WARREN CHEEKES**

Street Address (P.O. Box Number is Not Acceptable)
15240 NW 7 STREET

City **PEMBROKE PINES**

FL

Zip Code
33028

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

Warren Cheekes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/25/02

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, 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 **P** ☐ Delete
 NAME **CHEEKES, WARREN**
 STREET ADDRESS **15130 NW 7TH STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Warren Cheekes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/02

DATE

Daytime Phone #

CP2E034 (9/01)