

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90738 004 ***150.00

DOCUMENT # P99000002020																											
1. Entity Name RAMCOM INTERNATIONAL CORP.																											
Principal Place of Business 3191 CORAL WAY SUITE 632 MIAMI FL 33145		Mailing Address 3191 CORAL WAY SUITE 632 MIAMI FL 33145																									
2. Principal Place of Business 7003 North WAKEMAN AVE SUITE, Apt. #, etc. #223 City & State MIAMI, FL		3. Mailing Address SAME																									
Zip 33155	Country USA	Zip	Country																								
6. Name and Address of Current Registered Agent FERNANDEZ, RAFAEL M 645 ALCAZAR AVE. CORAL GABLES FL 33134		7. Name and Address of New 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 Signature, typed or printed name of registered agent and state 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) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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: *Rafael Fernandez* **SIGNATURE REQUIRED** *1/16/02* *305.446-3410*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)