

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90260 028 ***150.00

DOCUMENT # P99000003470

1. Entity Name

QUALITY TRIM OF THE PALM BEACHES, INC.

Principal Place of Business

**4135 NW 1ST PLACE
 DEERFIELD BEACH FL 33442**

Mailing Address

**4135 NW 1ST PLACE
 DEERFIELD BEACH FL 33442**

2. Principal Place of Business

814 OCEAN INLET DR

Suite, Apt. #, etc.

3. Mailing Address

814 OCEAN INLET DR

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

Zip

33435

Country

PALM BEACH

Zip

33435

Country

PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0889134

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

**RAMER, RALPH J
 2748 PARK DRIVE
 LANTANA FL 33462**

Name

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

814 OCEAN INLET DR

City

BOYNTON BEACH

FL

Zip Code

33435

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 **Ralph Ramer Jr**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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 State

10. 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 **D** ☐ Delete
 NAME **RAMER, RALPH J**
 STREET ADDRESS **4135 NW 1ST PLACE**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☒ Change ☐ Addition
 NAME **814 OCEAN INLET DR**
 STREET ADDRESS **BOYNTON Bch. FL 33435**
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **PIKKARMIMAN, PAUL**
 STREET ADDRESS **1211 MATHIS ST**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE ☐ Delete
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 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: **Ralph Ramer Jr**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 561-718-3433

Date

Daytime Phone #

CR2E034 (10/00)