

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90007 031 \*\*\*158.75

**DOCUMENT # P99000010473**

1. Entity Name

**RRAM, INC.**

Principal Place of Business

**4435 OLD WINTER GARDEN ROAD  
 ORLANDO FL 32802**

Mailing Address

**4435 OLD WINTER GARDEN ROAD  
 ORLANDO FL 32811-4240**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

**BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC  
 4435 OLD WINTER GARDEN ROAD  
 ORLANDO FL 32802**

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, 2000 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 ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME **PRESIDENT**  
 STREET ADDRESS **RECTO T. IBANEZ**  
 CITY-ST-ZIP **P.O. BOX 997576  
 PAGO PAGO, AM. SAMOA 96799**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME **VICE PRESIDENT**  
 STREET ADDRESS **MARIVIC DE JUAN**  
 CITY-ST-ZIP **P.O. BOX 4183  
 PAGO PAGO, AM. SAMOA 96799**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME **TREASURER**  
 STREET ADDRESS **GLICERIO AMIT, JR.**  
 CITY-ST-ZIP **P.O. BOX 4183  
 PAGO PAGO, AM. SAMOA 96799**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME **SECRETARY**  
 STREET ADDRESS **MARISON IBANEZ**  
 CITY-ST-ZIP **P.O. BOX 997576  
 PAGO PAGO, AM. SAMOA 96799**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME **IRIS THEA IBANEZ / DIRECTOR**  
 STREET ADDRESS **P.O. BOX 4183  
 PAGO PAGO, AM. SAMOA 96799**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME **DIRECTOR**  
 STREET ADDRESS **MARLENE MARQUARDT**  
 CITY-ST-ZIP **18949 NW 77TH PLACE  
 MIAMI, FL 33015**

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**

**SECRETARY**

**4/15/00**

Date

**684 699 5859**

Daytime Phone #

CR2E034 (9/99)