

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90017 011 ***550.00

DOCUMENT # P99000019791

1. Entity Name

RAMER ENTERPRISES, INC.



Principal Place of Business

8851 NW 119 STREET #4103 (DELETE)
 HIALEAH GARDENS FL 33018

Mailing Address

8851 NW 119 STREET #4103 (DELETE)
 HIALEAH GARDENS FL 33018

AVU78540



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19131 NW 5 PLACE
 Suite, Apt. #, etc.

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

33169

U.S.A.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOURAO, ROMNY E
 8851 NW 119 STREET #4103
 HIALEAH GARDENS FL 33018

7. Name and Address of New Registered Agent

Name: **MOURAO, ROMNY E**
 Street Address (P.O. Box Number is Not Acceptable): **19131 NW 5 PLACE**
 City: **MIAMI** FL Zip Code: **33169**

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

9/8/00

Signature, typed or stamped 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PTD	<input checked="" type="checkbox"/> Delete
NAME	MOURAO, ROMNY E	
STREET ADDRESS	8851 NW 119 STREET #4103	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MOURAO, ANA M. E	
STREET ADDRESS	8851 NW 119 STREET #4103	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOURAO, ROMNY E	
STREET ADDRESS	19131 NW 5 PLACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOURAO, ANA M. E.	
STREET ADDRESS	19131 NW 5 PLACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

RE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00

Date

305-654-7878

Daytime Phone #

CFR2E034 (5/00)