

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034893

1. Entity Name

ROBERT RAMOS, P.A.

R

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90001 040 ***155.00

Principal Place of Business

9616 CROWN PRINCE LANE
WINDERMERE FL 34786

Mailing Address

9616 CROWN PRINCE LANE
WINDERMERE FL 34786

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

59-3570341

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, THEODORE P
9616 CROWN PRINCE LANE
WINDERMERE FL 34786

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 \$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 **D** ☐ Delete
NAME **RAMOS, ROBERT**
STREET ADDRESS **9616 CROWN PRINCE LANE**
CITY-ST-ZIP **WINDERMERE FL 34786**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/00 (407) 363-5555 Ext 8974

CR2E034 (5/00)

Attachment
DH#PA9000034893
DW73633

1800 Westpointe Circle
Orlando FL, 32835
USA

Phone 407 296-2543
Fax 407 290-2132

July 17, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Division of Corporations,

This letter is to inform Division of Corporations that I Robert Ramos, PA FEI # 59-3570341 did not receive the first 2000 uniform report early this year. I finally received a second notice in July with a fine of \$400. I called the Division of Corporations in Tallahassee and they told me to write this letter explaining that I had not received the first notice and send a check for \$150.

Enclosed is my check for \$150. Thankyou for your attention,

Sincerely,



Robert Ramos