FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P99000036887

1. Entity Name

RAM HOLDINGS, INC.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90235 004 ***150.00

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Settling Benediction		professional access in Market Professional Confessional Access in the Confession and Confession access in the Confession and Confession access	ngre sus National Constitution of March		
	Place of Business	3. Mailing Address			
798 Crandon Blvd Suite, Apt. #, etc.		1149 SW 27th Avenue			
#35	ι. π, θιο.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Sta		Ste. 203 City & State		A CETAL A	
Key B	iscayne, F1. 33149	Miami; Flor	ida:::3313525	4. FEI Number 65-0947888	Applied For
Zip	Country	Zip	Country		Not Applicable \$8.75 Additional
				5. Certificate of Status Desired	⊉0.7 ⊃ Additional Fee Required
	t on the state of		tiget of the control	7. Name and Address of Current Registered	
	TO NOT W	DITE	Name LOPE2	Z, MARGARITA	· · · · · · · · · · · · · · · · · · ·
DO NOT WRITE IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable) 798 Crandon Blvd		
			City Key B	Siscayne, FL	Zip Code 33149.
8. The above	e named entity submits this statement for	or the purpose of changing i	ts registered office or register	ed agent, or both, in the State of Florida. I am far	33149.
trie obliga	tions of registered agent.	ρ	,	3 4 1 Test, was diate of Florida. Familia	miliai witri, arid accept
SIGNATURE	Morante dal	en (ayen)	70 . 4	1	
	Signature, uper or printed name of registered at ent	and title if applicable. (NO	OTE: Registered Agent signature required	when reinstating DATE	- 03
Jai	nuary 1 - Mey 1, Fee is \$150.00 After May 1, Fee is \$550.00		· · · · · · · · · · · · · · · · · · ·		
	Amended UBR is \$61.25			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be
	Payable to Florida Department of	State :		most raine contribution.	Added to Fees
(1D.	OFFICERS AND	DIDECTORS			
10. TITLE	OFFICERS AND	DIRECTORS			
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12. 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 attachment with an address, with all other like empowered. It is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034B (12/02