

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038824

1. Entity Name

RAMP 48, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90104 036 ***150.00

Principal Place of Business

Mailing Address

1040 E SAMPLE RD
POMPANO FL 33432

1040 E SAMPLE RD
POMPANO FL 33064-5120

2. Principal Place of Business

3. Mailing Address

6674 Sweetmaple Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Boca Raton, FL 33064

4. FEI Number

65-0917364

Applied For

Not Applicable

Zip

Country

Zip
33064

Country

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

KERRY D. SAFIER

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

123 N.W. 13TH STREET,

SUITE 300

City

BOCA RATON

FL

Zip Code
33432

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 then applicable.

(NOTE: Registered Agent signature required when reinstating)

April 6, 2000

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 D
STREET ADDRESS GIOMMONI, FRANCO
CITY - ST - ZIP 6674 SWEETMAPLE LANE
BOCA RATON FL 33064

TITLE ☒ Change ☐ Addition
NAME D/VP
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS PECHONIS, MIKE
CITY - ST - ZIP 311 NE 44TH CT
POMPANO FL 33064

TITLE ☒ Change ☐ Addition
NAME D/P
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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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:

Francis Giommoni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANCIS GIOMMONI, V.P.

April 6, 2000

Date

(954) 782-7267

Daytime Phone #

CR2E034 (9/99)