

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90044 046 ***158.75

DOCUMENT # P99000038824 ✓

1. Entity Name

RAMP 48, INC.

Principal Place of Business

1040 E SAMPLE RD
POMPAÑO, FL 33432

Mailing Address

6674 SWEETMAPLE LANE
BOCA RATON, FL 33064

2. Principal Place of Business

3. Mailing Address

2672 N.W. 48TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BOCA RATON, FL

4. FEI Number

650917364

Applied For

Not Applicable

Zip

Country

Zip

Country

33434

USA

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KERRY D. SAFIER
123 NW 13TH STREET
SUITE 300
BOCA RATON, FL 33432

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 DVP
NAME GIOMMONI, FRANCO
STREET ADDRESS 6674 SWEETMAPLE LANE
CITY-ST-ZIP BOCA RATON, FL 33064 ☐ DeleteTITLE DVP
NAME GIOMMONI, FRANCO
STREET ADDRESS 2672 N. W. 48TH STREET
CITY-ST-ZIP BOCA RATON, FL 33434 ☒ Change ☐ AdditionTITLE DP
NAME PECHONIS, MIKE
STREET ADDRESS 311 NE 44TH CT
CITY-ST-ZIP POMPAÑO, FL 33064 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Franco Giommoni, VP 3-14-01 (561) 239-4929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)