

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

06-27-2000 90005 021 \*\*\*550.00

00066359

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000040083

1. Entity Name

RAMIREZ & RADZION INTERNATIONAL COMMUNICATIONS, INC.

Principal Place of Business

640 THE REGENCY WAY  
 POINCIANA, FL 34758

Mailing Address

640 THE REGENCY WAY  
 POINCINA, FL 34758

2. Principal Place of Business

359 ALEGRIANO CT

Suite, Apt. #, etc.

3. Mailing Address

359 ALEGRIANO CT

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

59-3644222

Applied For

Not Applicable

Zip

34758

Country

USA

Zip

34758

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RADZION, OSCAR

640 THE REGENCY WAY  
 POINCIANA, FL 34758

7. Name and Address of New Registered Agent

Name

EDUARDO O. RADZION

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

359 ALEGRIANO CT

City

KISSIMMEE

FL

Zip Code

34758

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

EDUARDO O. RADZION

6/20/00

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, 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	PD	<input type="checkbox"/> Delete
NAME	RADZION, OSCAR	
STREET ADDRESS	640 THE REGENCY WAY	
CITY-ST-ZIP	POINCIANA, FL 34758	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	RAMIREZ, ANGEL	
STREET ADDRESS	640 THE REGENCY WAY	
CITY-ST-ZIP	POINCIANA, FL 34758	
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	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADZION, EDUARDO O.	
STREET ADDRESS	359 ALEGRIANO CT	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, ANGEL	
STREET ADDRESS	640 THE REGENCY WAY	
CITY-ST-ZIP	KISSIMMEE, FL 34758	
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		

CR2E034 (9/99)

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:

EDUARDO O. RADZION

6/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #