

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **00900004295**

1. Entity Name
R.A.M., 99 INC.
dba Dina's Restaurant & Bakery

Principal Place of Business Mailing Address
3325 East Atlantic Blvd
Pompano Beach, FL 33062

2. Principal Place of Business 3. Mailing Address
3325 E. Atlantic Blvd Same

Suite, Apt. #, etc. Suite, Apt. #, etc.

Pompano Bch

City & State

City & State

FL

4. FEI Number

650927820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

01 JUL 20 PM 1:53

6. Name and Address of Current Registered Agent

Dina's
3325 East Atlantic Blvd.
Pompano Beach, FL 33062

7. Name and Address of New Registered Agent

Name **Dina's Restaurant and Bakery**
Street Address (P.O. Box Number is Not Acceptable)
3325 East Atlantic Blvd
Pompano Beach
City **FL** Zip Code **33062**

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

Marc A Esposito

6-29-01

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 State

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete
NAME **MARC A. ESPOSITO**
STREET ADDRESS **100 N.E. 28 AVE #102**
CITY-ST-ZIP **POMPAÑO BCH, FL 33062**

TITLE **TREASURER** ☒ Delete
NAME **Albert Esposito**
STREET ADDRESS **100 NE 28 AVE #106**
CITY-ST-ZIP **Pompano Bch, FL 33062**

TITLE **SECRETARY** ☒ Delete
NAME **LON COX**
STREET ADDRESS **100 NE 28 AVE #106**
CITY-ST-ZIP **Pompano Bch, FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900004499629-7
-07/26/01--01018--027
******300.00 ****300.00**

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc A. Esposito

Date

6-29-01

Daytime Phone #

954 2980992

CR2E034(11/00)

6-29-01

Attachment 2 of 2
#P99000041295

To Whom It May Concern:

Enclosed are the referenced form and a check for \$300.00. (Fee for 2000-2001) We respectfully request abatement of any penalty. We were incorporated in 1999 and have never received your annual report forms.

Feel free to contact me at any time.

Thank you for your assistance.

Sincerely,



Marc A. Esposito
President

R.A.M. 99, Inc.
Dba Dina's Restaurant
3325 East Atlantic Blvd.
Pompano Beach, Florida 33062



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 10, 2001

R.A.M. 99, INC.
3325 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33062

SUBJECT: R.A.M. 99, INC.
Ref. Number: P99000041295

We have received your document for R.A.M. 99, INC. and check(s) totaling \$300.00. However, your check(s) and document are being returned for the following:

The registered agent name must be listed in block 6 or 7 of the application.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Leslie Sellers
Document Specialist

Letter Number: 001A00040729