

**2001 UNIFORM BUSINESS REPORT (UBR)**

108

DOCUMENT # **00101**  
 1. Entity Name **PO900004295**  
**R.A.M., 99 INC.**  
 dba **Dina's Restaurant & Bakery**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 JUL 20 PM 1:53

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 Applied For  
**650927820** Not Applicable

Zip Country Zip Country  
**33062 USA 33062**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 **Marc A Esposito** DATE **6-29-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>MARC A. ESPOSITO</b> <b>100 N.E. 28 AVE #102</b> <b>POMPAÑO Bch, FL 33062</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>Albert Esposito</b> <b>100 NE 28 AVE #106</b> <b>Pompano Bch, FL 33062</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>LON COX</b> <b>100 NE 28 AVE #106</b> <b>Pompano Bch, FL 33062</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**900004499629-7**  
**-07/26/01--01018--027**  
**\*\*\*300.00 \*\*\*300.00**

*Handwritten signature/initials*

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: **Marc A. Esposito** DATE: **6-29-01** 254 7880992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2003441100

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