

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91516 009 ***150.00

DOCUMENT # P99000073958

1. Entity Name

Ramos Design Associates, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10555 SE Terrapine PL

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F-105

City & State

Tequesta,

City & State

FL

4. FEI Number

65-0942673

Applied For

Not Applicable

Zip

Country

Zip

Country

33469

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Robert L. Trescott

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

2121 Ponce de Leon Boulevard

Suite 900

City

Coral Gables

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 Director/President
NAME Margaret Ramos
STREET ADDRESS 10555 SW Terrapine PL #F-105
CITY-ST-ZIP Tequesta, FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director/Secretary
NAME Lemuel Ramos
STREET ADDRESS 10555 SE Terrapine PL #F-105
CITY-ST-ZIP Tequesta, FL 33469

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret A. Ramos Margaret A. Ramos 4/19/02 561-747-9956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)