

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 FEB -5 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000077235

1. Entity Name

HAMRAS CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12719 NW 103 AVE

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0947465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

PEDRO CRESPO

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

12719 NW 103 AVE

City

HIALEAH

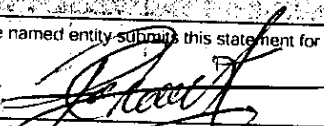
FL

Zip Code

33018

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)

01/28/2003

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

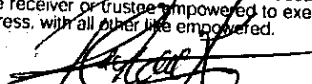
**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRESIDENT PEDRO CRESPO 12719 NW 103 AVE HIALEAH, FL 33018	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VICE-PRESIDENT SINARA CASTRO 12719 NW 103 AVE HIALEAH, FL 33018	TITLE NAME STREET ADDRESS CITY- ST- ZIP	100012330541 02/12/03--01013--029 **800.00
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2003

Date

Daytime Phone #

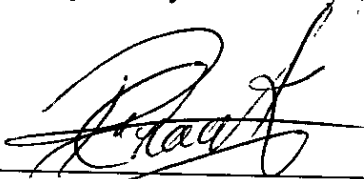
CR2E037B (12/01)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$600.00 for the annual report fee with my application.

I also state that on December 08 1999 we change our address but the U.B.R. for the year 2000 was never received or any other notice from the Division of Corporations in respect with my Corporation **HAMRAS CORPORATION**

Thank you for your courtesy in this matter.

A handwritten signature in black ink, appearing to read 'Pedro Crespo', written over a horizontal line.

PEDRO CRESPO
PRESIDENT