

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90595 018 ***150.00

DOCUMENT # P99000082757

1. Entity Name
RMK SALES, INC.

Principal Place of Business

Mailing Address

5459 SW 11 STREET SW E.
MARGATE FL 33068

5459 SW 11 STREET SW E.
MARGATE FL 33068

00021034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4401 N.W. 41 Street

4401 N.W. 41 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apartment 401

Apartment 401

City & State

City & State

Lauderdale Lakes, FL

Lauderdale Lakes FL

Zip

Country

Zip

Country

33319

USA

33319

USA

4. FEI Number APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAMER, RONNIE
5459 SW 11 STREET SW E.
MARGATE FL 33068

Name Kramer, Ronnie

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

4401 NW 41 Street

Apt. 401

City Lauderdale Lakes

FL

Zip Code 33319

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 Ronnie M. Kramer (Ronnie M. Kramer)

2/11/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KRAMMER, RONNIE
STREET ADDRESS 5459 SW 11TH STREET APT E
CITY-ST-ZIP POMPANO BEACH FL 33068

TITLE P
NAME Kramer, Ronnie
STREET ADDRESS 4401 NW 41 STREET APT 401
CITY-ST-ZIP Lauderdale Lakes FL 33319

TITLE
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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: Ronnie M. Kramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/01 954-717-9030
Date Daytime Phone #

CR2E034 (10/00)