

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

04-29-2004 90267046\*\*\*150.00  
P99000082727

DOCUMENT # P99000082757

1. Entity Name

Rmk Sales, Inc.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 JUN -2 PM 1:40

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4401 NW 41 Street

3. Mailing Address

4401 NW 41 Street

Suite, Apt. #, etc.

# 401

Suite, Apt. #, etc.

# 401

City & State

Lauderdale Lakes FL

City & State

Lauderdale Lakes FL

4. FEI Number

65-0949789

Applied For

Not Applicable

Zip

33319

Country

Broward, FL USA

Zip

33319

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Ronnie Kramer

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

4401 NW 41 Street #401

City

Lauderdale Lakes

FL

Zip Code

33319

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Ronnie Kramer  
4401 NW 41 Street #401  
Lauderdale Lakes FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronnie Kramer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)