

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093929

1. Entity Name

RAM SPORTS, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90136 032 \*\*\*150.00

Principal Place of Business

Mailing Address

6680 S.W. 41ST PLACE 158 Ponce De Leon St.  
DAVIE FL 33314 Royal Palm Beach, FL  
33411

6680 S.W. 41ST PLACE 158 Ponce De Leon Street  
DAVIE FL 33314 Royal Palm Beach, FL  
33411

749669



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

158 Ponce De Leon Street  
Suite, Apt. #, etc.

3. Mailing Address

158 Ponce De Leon St.  
Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL  
Zip 33411 Country US

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Royal Palm Beach, FL  
Zip 33411 Country US

4. FEI Number

65-0963233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOGUL CRUZ, MARGUERITE  
HUSSAIN & ASSOCIATES, PA 158 Ponce De Leon Street  
2465 NW 7TH STREET Royal Palm Beach, FL  
MIAMI FL 33125 33411

7. Name and Address of New Registered Agent

Name

Marguerite Mogul Cruz, Esq.

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

158 Ponce De Leon Street

City

Royal Palm Beach

State

FL

Zip Code

33411

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

Marguerite Mogul Cruz, Esq.

4/9/01

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, RICARDO	
STREET ADDRESS	6680 S.W. 41ST PLACE	
CITY - ST - ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ricardo Cruz	
STREET ADDRESS	158 Ponce De Leon Street	
CITY - ST - ZIP	Royal Palm Beach, FL 33411	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ricardo Cruz	
STREET ADDRESS	158 Ponce De Leon Street	
CITY - ST - ZIP	Royal Palm Beach, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

954.325.6058

Daytime Phone #

CR2E034 (10/00)