

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096212

1. Entity Name

C&W/RAMPAGE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90129 038 ***150.00

Principal Place of Business

Mailing Address

1111 LINCOLN ROAD 4TH FLOOR
 MIAMI BEACH FL 33139

1111 LINCOLN ROAD 4TH FLOOR
 MIAMI BEACH FL 33139-2439

2. Principal Place of Business

1688 Meridian Ave, 6th Fl.

3. Mailing Address

1688 Meridian Ave, 6th Fl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-0972096

Applied For

Not Applicable

Zip

33139

Country

Dade

Zip

33139

Country

Dade

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

RUBIN, MARCI A ESQ.
 1601 N. HARRISON PARKWAY
 SUITE 200 BLDG. A
 FORT LAUDERDALE FL 33323

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PSD ☐ Delete
 NAME DE ARMAS, CELESTE
 STREET ADDRESS 9565 CARLYSLE AVENUE
 CITY-ST-ZIP SURFSIDE FL 33154

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD ☐ Delete
 NAME WATSON, STEVE
 STREET ADDRESS 4441 ALTON ROAD
 CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD ☐ Delete
 NAME COURTNEY, CLIFF
 STREET ADDRESS 6301 COLLINS AVENUE, #2702
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 4550 N. Michigan Avenue
 CITY-ST-ZIP Miami Beach, FL 33140

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4.25-00 385535 8200
 Date Daytime Phone #

CR2E034 (9/99)