

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91509 015 ***150.00

DOCUMENT # P99000096984

1. Entity Name

RAMOS PRODUCTIONS, INC.

Principal Place of Business

**1501 S. FLAGLER DR., APT. 5-D
W. PALM BEACH FL 33401**

Mailing Address

**1501 S. FLAGLER DR., APT. 5-D
W. PALM BEACH FL 33401**

2. Principal Place of Business

216 DESOTA ROAD

Suite, Apt. #, etc.

3. Mailing Address

216 DESOTA ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

4. FEI Number

65-0959674

Applied For

Not Applicable

33405

Country

U.S.A.

33405

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RAMOS, MICHAEL

**1501 S. FLAGLER DR., APT. 5-D
W. PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **RAMOS, MICHAEL**

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

216 DESOTA ROAD

City **WEST PALM BEACH FL**

Zip Code **33405**

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

Michael Ramos
PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4.1.02

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, 2002 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 type="checkbox"/> Delete
NAME	RAMOS, MICHAEL	
STREET ADDRESS	1501 S FLAGGER DRIVE, 5D	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAMOS, JULIE K	
STREET ADDRESS	1501 S FLAGGER DRIVE, 5D	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, MICHAEL	
STREET ADDRESS	216 DESOTA ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, JULIE K	
STREET ADDRESS	216 DESOTA ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
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		
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:

Michael Ramos
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.1.02 561-586-2153

Date

Daytime Phone #

CR2E034 (9/01)