

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/14/00-90007-033-\$150.00-\$150.00

88142

DOCUMENT-# P99000099925

1. Entity Name

THE FAMM, INC. OF MIAMI

FILED

00 OCT -2 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1275 NW 50 STREET  
MIAMI FL 33142

Mailing Address

1275 NW 50 STREET  
MIAMI FL 33142

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

650998823

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAY, BRIAN F  
1275 NW 50 STREET  
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name

N/A

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00.**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C.E.O<br>Brian F. Ray<br>1275 N.W. 50th St<br>Miami, FL 33142 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-00 305-634-0085

Date

Daytime Phone #

CP2E034 (5/00)

attachment # p99000099925

B0104518

pg 2 of 2

September 5, 2000

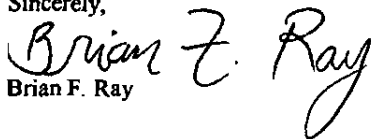
Brian F. Ray  
THE FAMM, Inc. of Miami  
1275 N.W. 50<sup>th</sup> St  
Miami, FL 33142

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I am writing because our offices here at THE FAMM did not receive the first notice of the Annual Report, which would have allowed us to pay the \$150.00. We did not receive the second notice until August 31, 2000. Since that day I have been in contact with your office as well as the post office to find out what happened to the first notice. I had no luck. In a conversation with an employee from your office yesterday I was told to submit a letter and send the \$150.00 and maybe your offices would consider not penalizing us. We feel that it is not our fault that the first notice never came and we should not have to pay a penalty for it. We are a new business and we are learning as we go. If we had known we had to pay this fee, we would have contacted your office to find out why we hadn't received our notice. We hope that the \$150.00 will be sufficient and we guarantee that from now on our Reports will be filed on time. I learned that your office sends the first notice out in January from the conversation yesterday. Please let me know if there is a problem. I can be reached at 305-634-0085. I would appreciate your help in settling this matter.

Sincerely,

  
Brian F. Ray