2002 UNIFORM BUSINESS REPORT (UBR)

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RAM CONTRACTING, INC. Control C	DOCU	MENT # POOCO	0111246						e
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City & State City & FL Zip Code City & F	2. Principal I	Place of Business	3. Mailing Address	<u> </u>		1 (881)006 (13 (81)0 (31) 02)11 33(4) 03(4)	AD au n M aru n Terku en d	il blaka e kki kael	
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S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Sinest Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code S. 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 Symuta typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE Symuta typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE Symuta typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE Symuta typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE Symuta typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE Symuta typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE Symuta typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE SYMUTA typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE SYMUTA typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE SYMUTA typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE SYMUTA typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE SYMUTA typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE SYMUTA typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE SYMUTA typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE SYMUTA typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE SYMUTA typed printed remains or registered agent, or both, in the State of Florida. SIGNATURE SYMUTA typed printed remains or registered agent, or bo	City & State		City & State			4. FEI Number 59-3631729			7
BHAGU, RAMASAR 618 GARDENIA DR. MELBOURNE FL 32901 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Syntaus historic or overal raise of injectived agent and late 1 agelization (ACTE: Registered Agent) FLE NOWIL FEE S \$150.00 After May 1, 2002 Fee will be \$550.00 (See cutterils on back) FLE NOWIL FEE S \$150.00 After May 1, 2002 Fee will be \$550.00 (See cutterils on back) FLE NOWIL FEE S \$150.00 After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 (See cutterils on back) FLE NOWIL FEE S \$150.00 After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$55	Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ac	ditional	1
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current Ro	egistered Agent		1	7. Name and Address of Naw Registe			1
### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS This corporation is eligible to satisfy its intangible Tax litting requirement and elects to do so Make Check Payable to Department of State	BUACIA DAMACAD								
MELBOURNE FL 32901 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 typical or present register of department of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature typical or present registered agent and title it agriseable. (NOTE: Registered Agent lightlane recurred when remission;) 9. This corporation is eligible to satisfy its intangible True NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME PHAGU, RAMASAR SIRE! AUDRESS OIT-91-2P TIME Deline TIME MAKE SIRE! AUDRESS OIT-91-2P TIME Deline TIME MAKE SIRE! AUDRESS OIT-91-2P TIME Deline TIME MAKE SIRE! AUDRESS OIT-91-2P TIME MAKE SIRE! AUDRESS OIT-91-2P TIME Deline TIME MAKE SIRE! AUDRESS OIT-91-2P TIME Deline TIME MAKE SIRE! AUDRESS OIT-91-2P TIME Deline TIME MAKE SIRE! AUDRESS OIT-91-2P TIME MAKE AUDRESS OIT-91-3P TIME MAKE AUDRESS OIT-91-3P TIME MAKE AUDRESS OIT-91-3P TIME MAKE AUDRESS OIT-91-3P TIME AUDRESS OIT-91-3P TIME AUDRESS OIT-91-3P TIME AUDRESS OIT-91-3P TIM	·			Street	Address (P.	O. Box Number is Not Acceptable)].
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 hybrid or oriented registered agent and side 1 applicable MOTE Registered Agent signature required when reintastray) DATE									1
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.				City			Zip Coo	de	1
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Total Election Campaign Financing \$5.00 May Ba Added to Fees 11.							TE.		
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13. I hereby certify that the information supplied with this filling 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 early that I am an officer or director of the compression o	13. Thereby c	ertify that the information supplied with the	is filing does not qualify for the	e exemption sta	ted in Section	on 119.07(3)(i), Florida Statutes. I further	certify that the in	nformation	

Ramasar Bhagu, President

6/30/02

321-733-7525