## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 ams Secretary of State DOCUMENT # V02652 1. Entity Name 05-01-2002 91465 018 \*\*\*150.00 RAMIREZ & WATSON, P.A. Principal Place of Business Mailing Address 2501 E. COMMERCIAL BLVD 21 COMPASS RD FORT LAUDERDALE FL 33308 STE 216 FORT LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business 0067 PINES BIND SAMe Suite, Apt. #, etc. 么けe Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0300899 Pembroke Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREDERICK FREDERICK, RAMIREZ J. Street Address (P.O. Box Number is Not Acceptable) 10041 PINES BLVD. SUITE C PEMBROKE PINES FL 33024 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 Riginal Signature required when reinstating) Signature, typed o FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE <u>Delete</u> TITLE RAMIREZ, FRED NAME NAME 2501 E. COMMERCIAL BLVD STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE RAMIREZ, FRED NAME NAME STREET ADDRESS STREET ADDRESS 2501 E. COMMERCIAL BLVD **STE 216** CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS 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 expowered 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

SIGNATURE: