

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM****Secretary of State****DOCUMENT # V21631**1. Entity Name
RAMI ASSOCIATES, INC.

Principal Place of Business

4921 NW 85TH TERRACE

LAUDERHILL
33351

FL

Mailing Address

4921 NW 85TH TERRACE

LAUDERHILL
33351

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0318724

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GLICK RICHARD
7737 NORTH UNIVERSITY DRIVE
STE. 104
TAMARAC
33321 FL
US

7. Name and Address of New Registered Agent

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)

04/28/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> Delete
NAME	GLICK, ANNIE M	
STREET ADDRESS	4921 NW 85TH TERRACE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GLICK, RICHARD I	
STREET ADDRESS	4921 NW 85TH TERRACE	
CITY-ST-ZIP	LAUDERHILL FL	
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	VSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLICK ANNIE MMRS.		
STREET ADDRESS	4921 NW 85TH TERRACE		
CITY-ST-ZIP	LAUDERHILL FL 33351		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLICK RICHARD IMR.		
STREET ADDRESS	4921 NW 85TH TERRACE		
CITY-ST-ZIP	LAUDERHILL FL 33351		
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: Richard I. Glick

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04/28/2000