

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V71107

1. Entity Name
RAMALHOSA, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90045 021 ***150.00

Principal Place of Business 2500 HOLLYWOOD BOULEVARD, STE. 212 HOLLYWOOD FL 33020	Mailing Address 2500 HOLLYWOOD BOULEVARD, STE. 212 HOLLYWOOD FL 33020-6615
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2237 N. Commerce Parkway Suite/Apt. #, etc. #3 City & State Weston, FL Zip 33326 Country US	3. Mailing Address 2237 N. Commerce Parkway Suite/Apt. #, etc. #3 City & State Weston, FL Zip 33326 Country US
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4. FEI Number 65-0362883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSS MANELLA, ESQ.
2500 HOLLYWOOD BOULEVARD, STE. 212
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent
Name **MANELLA, ROSS H. ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
2237 N. Commerce Parkway
Suite #3
City Weston FL Zip 33326

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]* **ROSS MANELLA** DATE **4/10/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DASILVA, PETER WILLIAM 738 KAHEKA ST., #302 HONOLULU HI 96814-3726 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DASILVA, JUDITH ALEXINA 738 KAHEKA ST., #302 HONOLULU HI 96814-3226 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DASILVA, PETER WILLIAM 738 KAHEKA ST., #302 HONOLULU HI 96814-3726 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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]* **Peter W. Dasilva** DATE **4/10/2000** DAYTIME PHONE # **954 385-3637**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)