

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024523

1. Entity Name
REMED, INC.

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90086 004 ***150.00

0054045 AV

Principal Place of Business
15328 NW 7TH AVENUE
MIAMI FL 33169

Mailing Address
15328 NW 7TH AVENUE
MIAMI FL 33169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1081799

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATSMAN, MARK
1111 KANE CONCOURSE
SUITE 607
BAY HARBOR ISLAND FL 33154

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSVT
SHARP, VICTORIA
1440 S OCEAN BLVD APT 4-C
POMPAHO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 changes empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Devil's Phone #

CR2E034 (4/02)

FREISTAT & LIEBMAN

Certified Public Accountants, LLC

16211 N.E. 18th Avenue • North Miami Beach, Florida 33162 • (305) 945-4151 • Telecopier 945-1215

Warren Freistat, C.P.A.
Mark A. Liebman, C.P.A.

Members:
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

September 13, 2002

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

Re: Remed, Inc.
2002 Uniform Business Report

Dear Sir or Madam:

We represent the above referenced corporation and they have requested we explain, what we consider to be reasonable cause, for the delinquent filing and remitting of the Uniform Business Report, in an effort to have the penalty provision abated.


Having never received the first filing, our office discovered during our semi-annual accounting work that the original \$150.00 was never paid. Days later the taxpayer received the second filing and we advised them that they must file by September 13th and the State of Florida usually allows a one-time excusal. As a result, the taxpayer has implemented a reminder system to pay by March 1st, every year.

We respectfully request you accept the enclosed check of \$150.00 as full payment and waive the penalty for this singular filing delinquency.

Thank you for your cooperation in this matter.

Very truly yours,

FREISTAT & LIEBMAN
CERTIFIED PUBLIC ACCOUNTANTS, LLC


Mark A. Liebman
Certified Public Accountant

MAL:bf
Enclosure

Attachment
Dr. # 01000024523