

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S37044

**Entity Name:** EREM, INC.

**Current Principal Place of Business:**

2772-S NW 43 ST  
GAINESVILLE, FL 32606

**Current Mailing Address:**

C/O CBIZ MHM LLC  
1065 AVENUE OF THE AMERICAS  
NEW YORK, NY 10018 US

**FEI Number:** 59-3054399

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOLDEN, CHARLES I., JR.  
2772-S NW 43 ST  
GAINESVILLE, FL 32606 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title S  
Name HOLDEN, CHARLES IJR  
Address 2772-S NW 43 ST  
City-State-Zip: GAINESVILLE FL

Title DPT  
Name SPEKTOR, MIRA  
Address 2772- S NW 43RD STREET  
City-State-Zip: GAINESVILLE FL 32606

Title V  
Name SPEKTOR, CHARLINE  
Address 2772- S NW 43RD STREET  
City-State-Zip: GAINESVILLE FL 32606

Title V  
Name SPEKTOR, ALEX  
Address 2772- S NW 43RD STREET  
City-State-Zip: GAINESVILLE FL 32606

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MIRA SPEKTOR

DPT

02/11/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date