

2002 UNIFORM BUSINESS REPORT (UBR)

AMENDED RETURN

DOCUMENT # 672175

1. Entity Name

REMY TAILOR CORP
9814 S.W. 77 AVE
MIAMI, FL 33156

Principal Place of Business

Mailing Address

9814 S.W. 77 AVE
MIAMI, FL 33156

9814 S.W. 77 AVE
MIAMI, FL 33156

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

59-2043746

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

MARIA LOZANO
9814 S.W. 77 AVE
MIAMI, FL 33156

Name Ed WIEDER

Street Address (P.O. Box Number is Not Acceptable)

325 N. KROME AVE

City HOMESTEAD

FL

Zip Code 33030

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

Ed Wieder

6-1-02

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) ☐

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 P, D
NAME MARIA LOZANO ☒ Delete
STREET ADDRESS 15766 S.W. 76 TERR
CITY-ST-ZIP MIAMI, FL 33193

TITLE P, D
NAME ELSA SIERRA ☐ Change ☒ Addition
STREET ADDRESS 9814 S.W. 77 AVE
CITY-ST-ZIP MIAMI, FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Elsa Sierra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, Date, Month, Year

5/29/02

CR2E034 (11/00)