2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 15, 2000 8:00 am Secretary of State DOCUMENT # 695206 1. Entity Name REMICO, INC. 02-15-2000 90048 047 ***150.00 Mailing Address Principal Place of Business 1761 W HILLSBORO BLVD 1761 W HILLSBORO BLVD SUITE 401 SUITE 401 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-1563 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2119063 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GLASER, ALLAN M. Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD. #807 **MIAMI FL 33181** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition VD Delete TITLE TITLE CASTELLANO, JOHN NAME NAME STREET ADDRESS 1761 W.HILLSBORO BLVD. #401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME CASTELLANO, WILLIAM NAME STREET ADDRESS 1761 W. HILLSBORO BLVD. #401 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DEERFIELD BEACH, FL 33442. ☐ Change ☐ Addition TITLE ☐ Delete TITLE CASTELLANO, MAURICE M II NAME STREET ADDRESS 1761 W HILLSBORO BLVD, #401 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 adjother like empowered

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