

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F31396

1. Entity Name

REMAX INTERNATIONAL CORP.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90003 023 \*\*\*150.00

Principal Place of Business

595 W PROSPECT RD  
FT LAUDERDALE FL 33309

Mailing Address

595 W PROSPECT RD  
FT LAUDERDALE FL 33309-3931

2. Principal Place of Business

1774 NW 40 STREET

3. Mailing Address

P.O. Box 24542

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

4. FEI Number

59-2115039

Applied For

Not Applicable

Zip

33309

Country

FLORIDA

Zip

33307

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FISHWICK, JAMES D.  
595 W. PROSPECT RD.  
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

1774 NW 40 STREET

Fort Lauderdale

City

FL

Zip Code

33309

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, 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 \$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 **P** ☐ Delete  
NAME **JAMES D. FISHWICK**  
STREET ADDRESS **595 W. PROSPECT ROAD**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **ST** ☐ Delete  
NAME **FISHWICK, CAROL A**  
STREET ADDRESS **595 W PROSPECT RD**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1774 NW 40 STREET**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1774 N.W. 40 STREET**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: Carol A. Fishwick Sec. Treas. CAROL A. FISHWICK 2-8-00 954-486-6312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)