## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 22, 2002 8:00 am Secretary of State DOCUMENT # P00000067423 1. Entity Name 03-22-2002 90018 037 \*\*\*150.00 DREMAR INVESTMENTS, INC. Mailing Address Principal Place of Business 6429 FOX GRAPE LN 6429 FOX GRAPE LN DANZATTZ **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-1033673 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZALEZ, DON ESQ Street Address (P.O. Box Number is Not Acceptable) 9050 PINES BLVD SUITE 450-F PEMBROKE PINES FL 33024 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE □ Detete TITLE MOYA, ROGELIO A NAME NAME 6050 34TH STREET WEST SUITE 506 STREET ADDRESS STREET ADDRESS BRADENTON FL 34210 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ۷D ☐ Delete TITLE NAME NAME imoya. Rolando e STREET ADDRESS 6050 34TH STREET WEST SUITE 506 STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34210 CITY-ST-ZIP ☐ Change ☐ Addition TITLE SD Delete TITLE NAME NAME: MOYA, ROSA M -6050 34TH STREET WEST SUITE 506 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME 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 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.

NE

SIGNATURE:

**FILED** 

Daytime Phone #