05/01/2001 13:37 FAX

5/21/

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Jun 20, 2001 8:00 am
Secretary of State
05-21-2001 90352 017 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108439

1. Entity Name
REMESASDOLARES COM, INC

(LA)

8134

[redacted]

Principal Place of Business ~~121 CRANDON BLVD # 355 Key Biscayne, Fl 33149~~ PO Box 430624
Mailing Address P.O. Box 430624 MIAMI, Fl 33243

2. Principal Place of Business	3. Mailing Address
101 CRANDON Blvd	P.O. Box 430624
Suite, Apt. #, etc. #273	Suite, Apt. #, etc.
City & State Key Biscayne	City & State MIAMI Florida
Zip Fl · County 33149	Zip 33243 · Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1024661 ☐ 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 E KElly 101 CRANDON Blvd. Apr #273 Key BisCAyne, Fl 33149	Name MARIA E. Kelly Street Address (P.O. Box Number Is Not Acceptable) 101 CRANDON Blvd Apt #273 City Key BiscAyne FL Zip Code 33149

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]
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) ☐

[illegible]

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

CR2E034 (11/00)

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: [signature] MARIA Kelly (305) 297-2115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · DATE · DAYTIME PHONE #