

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91743 017 \*\*\*158.75

**2,002 FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000068439

1. Entity Name

REMESASDOLARES.COM. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 GRANDON BLVD

3. Mailing Address

P.O. BOX 430624

Suite, Apt. #, etc.

- 273

Suite, Apt. #, etc.

City &amp; State

KEY BISCAYNE, FL

City &amp; State

MIAMI FL

Zip

33149

Country

USA

Zip

33243

Country

USA

4. FEI Number

65-1024661

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name MARIA Kelly

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

101 GRANDON BLVD

APT 273

City Key Biscayne

FL

Zip Code 33149

DO NOT WRITE  
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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

05/14/02

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PSO  
NAME GUZMAN GILBERTA  
STREET ADDRESS ALTOS DE SANTA DAMINGO #120  
CITY- ST- ZIP MANAGUA, NICARAGUA

TITLE VTD  
NAME KELLY, MARIA  
STREET ADDRESS 121 GRANDON BLVD. #355  
CITY- ST- ZIP KEY BISCAYNE, FL. 33149

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/14/02 (305) 749-8174

CR2E034B (12/01)