

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90032 028 ***150.00

DOCUMENT # *P01000009666*

1. Entity Name *REMEG ENTERPRISES INC*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Home 3157 NE 10th

3. Mailing Address

3157 NE 10th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach

City & State

Pompano Beach

Zip

33064

Country

USA

Zip

33064

Country

USA

4. FEI Number

65-108-1323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Mary Ellen Gordon*

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

3157 NE 10th

City *Pompano*

FL

Zip Code

33064

**DO NOT WRITE
IN THIS SPACE**

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

Mary Ellen Gordon **PRESIDENT**

2/26/02

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)

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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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRES MARY ELLEN GORDON 3157 NE 10th Pompano Beach FL 33064</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP MARY ELLEN GORDON 3157 NE 10th Pompano Beach FL 33064</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SGT. RALPH E. GORDON 3157 NE 10th Pompano Beach FL 33064</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRES. MARY ELLEN GORDON 3157 NE 10th Pompano Beach FL 33064</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Ellen Gordon **SUPERVISOR**

2/26/02
2/25/02 *954-762-3309*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034B (12/01)