

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90967 033 ***158.75

DOCUMENT # PO10000010444 ✓
1. Entity Name
REM Real Estate Investments Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7248 S.W. 42 Street
Suite, Apt. #, etc.

3. Mailing Address
6723 SW 92 Ave
Suite, Apt. #, etc.

80056868

DO NOT WRITE IN THIS SPACE

City & State
Miami FL

City & State
Miami FL

Zip
33156

Country
Miami-Dade

Zip
33173

Country
Miami-Dade

4. FEI Number
65-1086086

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MENDIA, ROBERTO E.

Street Address (P.O. Box Number is Not Acceptable)
6723 SW 92 Ave

City Miami FL Zip Code 33173

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 _____ (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)

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 | <u>PO</u> <u>MENDIA, ROBERTO E.</u> <u>6723 S.W 92 Ave</u> <u>Miami FL 33173</u> | 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 another like empowered.

SIGNATURE: [Signature] ROBERTO E. MENDIA Date 3/11/02 Daytime Phone # _____

CR2E034B (12/01)