

**FILED****May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90239 040 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #** P01000073185

1. Entity Name

R.E. INTERNATIONAL, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

15841 Pines Blvd.

Suite, Apt. #, etc.

#314

City &amp; State

Pembroke Pines, FL

Zip 33027

Country U.S.

3. Mailing Address

15841 Pines Blvd.

Suite, Apt. #, etc.

#314

City &amp; State

Pembroke Pines, FL

Zip 33027

Country U.S.

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4. FEI Number

65-1126285

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Burton, Andre S.

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

4310 Sheridan Street, #202

City

Hollywood

FL

Zip Code

33021

**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

Signature of agent or person authorized to execute this report

Date of filing of this report

DATE

9. The 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

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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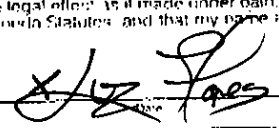
CITY, ST, ZIP

**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)(b), 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, both as shown by the powers of attorney.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Typed Name