

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90819 009 ***158.75

DOCUMENT # P02000016101

1. Entity Name
REMELL'S ENTERPRISES, INC.



Principal Place of Business
19410 NW 17TH AVE
MIAMI FL 33056

Mailing Address
19410 NW 17TH AVE
MIAMI FL 33056

2. Principal Place of Business

3. Mailing Address

19410 N.W. 17th Ave

19410 N.W. 17th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33056

Country
Miami Dade

Zip
33056

Country
Miami Dade



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

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

COWINS, BEN SR
19410 NW 17TH AVE
MIAMI FL 33056

Name Benjamin B. Cowins II
Street Address (P.O. Box Number is Not Acceptable)
19410 N.W. 17th Ave
City Miami FL Zip Code 33056

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Benjamin B. Cowins II

4-26-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME COWINS, HARRIET
STREET ADDRESS 19410 NW 17TH AVE
CITY-ST-ZIP MIAMI FL 33056 ☐ Delete

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

TITLE DV
NAME COWINS, BEN
STREET ADDRESS 19410 NW 17TH AVE
CITY-ST-ZIP MIAMI FL 33056 ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harriet Cowins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-03 (1305)

Date

Daytime Phone #

CR2E034 (10/02)