

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000058726**

1. Entity Name

REMARK-ABLE PRODUCTS, INC.

Principal Place of Business

**4630 S. KIRKMAN RD., #411
ORLANDO FL 32811**

Mailing Address

**4630 S. KIRKMAN RD., #411
ORLANDO FL 32811**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3206260

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

**BELLAGAMBA, GRACE
5161 VINELAND RD
ORLANDO FL 32811**

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	BELLAGAMBA, MIRO	
STREET ADDRESS	5161 VINELAND RD	
CITY-ST-ZIP	ORLANDO FL 32811	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

MIRO BELLAGAMBA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**8-13-01 407-345-0703**
Date Daytime Phone #**FILED****01 AUG 29 PM 2:20****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

8-27-01

2012

Division of Corp.
Annual Reports Section

P.O. Box 6327

Tallahassee FL 32314

Dear Sir

I phoned your office today,
Monday Aug. 27th at 8:05 A.M. after
receiving your notice on Saturday
Aug. 25th that my annual report
was not acceptable.

I sent in my \$150.00 thinking
this was the first application. I
realize now it was not.

I have never received the
first report. I have no idea what
happened. I have been receiving the
report for 5 yrs at this address
since 1997. This happened once before
in 1997 but it was because of the
change of address, since then nothing
has changed in any way.

I was told to write this letter &
explain that I never rec'd the Original
Report. The report ~~was~~ received did not
have 2nd notice or anything on it or would
have called before I sent my \$150.00's in
to get this started.