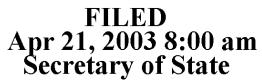
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**



DOCUMENT # P9400088965  1. Entity Name REMESAS AMERICA ORIENTAL OF FLORIDA, INC.									04-21-2003	•			
Principal Place of Business 1594 NW 36 ST MIAMI FL 33142  2. Principal Place of Business			Mailing Address 1594 NW 36 ST MIAMI FL 33142  3. Mailing Address										
	<u> </u>		1			<del></del>							
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State	е		City & State					<b>4</b> . F	65-0538599		N	opplied For lot Applicable	
Zip Country		Country	Zip		Coun	Country			Certificate of Status Desired		\$8.75 Ac Fee Require		
	6. Name	and Address of Current	ent Registered Agent				1	7. Name and Address of New Registered Agent					]
						Name					-		
	OLIVO, AN 36TH STRI					Street Address (P.O. Box Number is Not Acceptable)					7		
MIAMI FL		EC I											1
mirani 12 00 142			<b>\$</b>			City				F	Zip Cod	de	$\dashv$
9 Tho abovo	named entity	submisethic statement to	or the num	ose of changing its	register	ed office or	registere	ed age	ent, or both, in the State of Flo			and accept	+
	ions of regist		ter			d Agent signatu	,		04-	/ <u>5</u>	103	<u> </u>	
$rac{Q}{2}$ After	May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 5 Florida Department o							Election Campaign Fir Trust Fund Contribution	-		00 May Be	
10.	:	OFFICERS AND	DIRECTO	RS	11.			AD	DITIONS/CHANGES TO OFF	ICERS AN			۾ [
STREET ADDRESS	P LOPEZ SAI 1594 NW 3 MIAMI FL 3			Delete		l	•				☐ Change	Addition	) E094 (40/0/
STREET ADDRESS	V VIELUF, HE 1594 NW 3 MIAMI FL 3	36 ST		🔀 Delete							☐ Change	☐ Addition	j
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST	OLIVO, ANA A 36 ST		☐ Delete							☐ Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I					☐ Change	Addition	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I				<u></u>	Change	Addition	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9.0°		,	□ Delete		I					☐ Change	☐ Addition	
12. i hereby o	certify that the	e information supplied with	this filing	does not qualify for	or the exe	mption state	ed in Sec	ction 1	119.07(3)(i), Florida Statutes.	I further o	ertify that the	information	$\perp$

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:**