2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

PED OR PRINTED NAME OF SIGN

FILED Mar 12, 2001 8:00 am DOCUMENT # P95000011309 **Secretary of State REMOS BUILDING & DEVELOPMENT CORPORATION** 03-12-2001 90497 021 ***150.00 Principal Place of Business Mailing Address 20911 JOHNSON ST. #103 20911 JOHNSON ST. #103 PEMBROKE PINES FL 33029 00024530 PEMBROKE PINES FL 33029 2. Principal Place of Business 3. Mailing Address hnsonsi 2/01/ Johnson ST. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0571210 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REMOS, ALEJANDRO -Street Address (P.O. Box Number is Not Acceptable) - ---6883 S.W. 112 ST PINECREST FL 33156/ Zip Code City submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named a SIGNATURE (NOTE: Registered Agent signature required when reinstating) ame of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete REMOS, ALEJANDRO NAME STREET ADDRESS 6883 SW 112 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 flustee 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 abstress, with all other like empowered.