

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036537

1. Entity Name

R.E.I.M. DEVELOPMENT CORPORATION

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90018 039 ***158.75

Principal Place of Business

378 WHOOPING LOOP
STE 1272
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

P O BOX 161175
ALTAMONTE SPRINGS FL 32716-1175
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3316911

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

MAJZOUB, SAMER S
378 WHOOPING LOOP
STE 1272
ALTAMONTE SPGS FL 32701

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P
NAME MAJZOUB, SAMER S
STREET ADDRESS 378 WHOOPING LOOP, STE 1272
CITY-ST-ZIP ALTAMONTE SPGS FL 32701

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMER S. MAJZOUB

Date

Daytime Phone #

407-339-2558

CR2E034 (9/99)