

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90104 027 \*\*\*150.00

**DOCUMENT # P96000081462**

1. Entity Name  
**REMOLINA & ASSOCIATES, INC.**

Principal Place of Business <b>WYNDHAM RESORT-LOWER LEVEL-GUICAN</b> <b>4833 COLLINS AVENUE</b> <b>MIAMI BEACH FL 33140</b>	Mailing Address <b>WYNDHAM RESORT-LOWER LEVEL-GUICAN</b> <b>4833 COLLINS AVENUE</b> <b>MIAMI BEACH FL 33140</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0704412</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>REMOLINA, MAURICIO</b> <b>WYNDHAM RESORT-LOWER LEVEL-GUICAN</b> <b>4833 COLLINS AVENUE</b> <b>MIAMI BEACH FL 33140</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	4833 COLLINS AVE GUICAN LOWER LEVEL	MIAMI FL 33172				
	VPD	4833 COLLINS AVE GUICAN LOWER LEVEL	MIAMI FL 33172		VPD	8960 NW 85th #214	MIAMI - FL - 33172
	STD	4833 COLLINS AVENUE	MIAMI BEACH FL 33140				

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 the empowered.

SIGNATURE: *[Signature]* President 1/20/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)