

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90021 026 ***150.00

DOCUMENT # P97000106011

1. Entity Name
BEMI UNLIMITED, INC.



Principal Place of Business
3745 RANEY ROAD
TITUSVILLE, FL 32780 US

Mailing Address
POST OFFICE BOX 153
TITUSVILLE, FL 32780

94025100



2. Principal Place of Business
800 Century Medical Dr.

3. Mailing Address
800 Century Medical Dr.

Suite, Apt. #, etc.
Ste. A

Suite, Apt. #, etc.
Ste. A

City & State
Titusville, FL

City & State
Titusville, FL

Zip
32796

Country
USA

Zip
32796

Country
USA

03022004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3482356

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

QUINTANA, MAGALI
3745 RANEY ROAD
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name **Quintana, Magali (Same)**

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

800 Century Medical Drive, Ste. B

City **Titusville**

FL

Zip Code
32796

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **QUINTANA, MAGALI**
STREET ADDRESS **3745 RANEY ROAD**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **S** ☐ Delete
NAME **PEREZ, BEATRIZ**
STREET ADDRESS **3860 SOUTH RIDGE CIRCLE**
CITY-ST-ZIP **TITUSVILLE, FL 32796**

TITLE **VP** ☐ Delete
NAME **ALVAREZ, IDAIGNA M**
STREET ADDRESS **695 BELLA VISTA**
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **800 Century Medical Dr. Ste. B**
CITY-ST-ZIP **Titusville, FL 32796**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **800 Century Medical Dr., Ste. A**
CITY-ST-ZIP **Titusville, FL 32796**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **800-Century-Medical-Dr., Ste. B**
CITY-ST-ZIP **Titusville, FL 32796**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beatriz Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-04

Date

(321) 264-5101

Daytime Phone #