

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90058 034 \*\*\*150.00

**DOCUMENT # P97000106035**

1. Entity Name  
**REMA RICHIE INCORPORATED**



Principal Place of Business  
**1420 SEVEN SPRINGS BL  
NEW PORT RICHEY FL 34655**

Mailing Address  
**7307 S.R. 54  
NEW PORT RICHEY FL 34653**



2. Principal Place of Business  
**11543 PERPETUAL DR**

3. Mailing Address  
**11543 PERPETUAL DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**ODESSA FLORIDA**

City & State  
**ODESSA FLORIDA**

4. FEI Number  
**59-3485527**

Applied For  
☐ Not Applicable

Zip  
**33556**

Country  
**PASCO**

Zip  
**33556**

Country  
**PASCO**

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**

**ROBERTS, RICK  
505 EAST JACKSON STREET  
STE. 202  
TAMPA FL 33602**

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. 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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PATEL, PRATIV</b>	
STREET ADDRESS	<b>3312 LITHIA PINECREST RD.</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BHULA, RAJESH</b>	
STREET ADDRESS	<b>1816 KINSMERE DR.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BAKARANIA, MACTAN</b>	
STREET ADDRESS	<b>3312 LITHIA PINECREST</b>	
CITY-ST-ZIP	<b>VARICO FL 33594</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 5<sup>th</sup> 03 727-858-8888**  
Date Daytime Phone #

CR2E034 (10/02)

Attachment

90023167

#P97000106035

INSTRUCTIONS FOR FILING  
UNIFORM BUSINESS REPORT

TAXPAYER:

Rema Achie Incorporated

DUE DATE:

May 1, 2003

AMOUNT DUE:

\$ 150

Make check payable to *Department of State* and place federal employer's identification number 59-3485527 on the check.

Sign and file the original with:

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500