

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 AUG -5 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000010560

1. Entity Name

REMAN Y INT'L., INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PO BOX 83-5215

3. Mailing Address
PO BOX 83-5215

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
59-3555128

Applied For
Not Applicable

Zip
33283

Country
USA

Zip
33283

Country
USA

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JIM SIERRA

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

5550 SW 87th AVENUE

City MIAMI, FL Zip 33165

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]

JIM SIERRA

JULY 31, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/DIRECTOR
RENE GRIMANY
8925 SW 108 CIR CT
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRES/DIRECTOR
MAGALI R GRIMANY
8925 SW 108 CIR CT
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

RENE GRIMANY - PRESIDENT

JULY 31, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

7/8/5

REMAN Y INT'L., INC.

PO BOX 83-5215

MIAMI, FL 33283-5215

July 31, 2003

**Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

Re: Doc # P99000010560

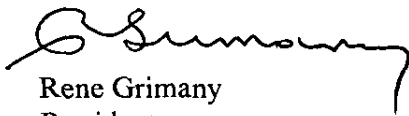
Dear Sir:

Enclosed please find a check for \$150.00 to cover the annual report fee for CY 2003 along with a completed UBR form. I never received the renewal form.

Please accept this check in good faith. I was not aware of the renewal form until my accountant brought it up to my attention. I sincerely hope that you would take this into consideration.

Thank you.

Very truly yours,



Rene Grimany
President