

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024736

1. Entity Name

R.E.I.M. COMMERCIAL GROUP, INC.

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

03-01-2000 90030 039 ***158.75

Principal Place of Business

Mailing Address

378 WHOOPING LOOP
SUITE 1272
ALTAMONTE SPRINGS FL 32701

378 WHOOPING LOOP
SUITE 1272
ALTAMONTE SPRINGS FL 32701-3425

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

ALTAMONTE SPRINGS

32716-1175

USA

4. FEI Number

59-3570876

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, ROBERT E
990 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714

Name

SAMER S. MAJZOUB

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

378 WHOOPING LOOP, SUITE 1272

City

ALTAMONTE SPRINGS FL

Zip Code

32701

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

SAMER S. MAJZOUB

(NOTE: Registered Agent signature required when reinstating)

02/12/00

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)

X

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
NAME MAJZOUB, SAMER S
STREET ADDRESS 378 WHOOPING LOOP, SUITE 1272
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

□ Delete

TITLE PRESIDENT
NAME
STREET ADDRESS
CITY-ST-ZIP

□ Change

X Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ Delete

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□ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMER S. MAJZOUB

02/12/00 407-339-2558

Date

Daytime Phone #

CR2E034 (9/99)