

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90034 041 ***158.75

DOCUMENT # P99000024736

1. Entity Name
R.E.I.M. COMMERCIAL GROUP, INC.

Principal Place of Business
378 WHOOPING LOOP
SUITE 1272
ALTAMONTE SPRINGS FL 32701

Mailing Address
P O BOX 953066
LAKE MARY FL 32795-3066



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
283 Cranes Roost Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Ste. 111

Suite, Apt. #, etc.

City & State
Altamonte springs, FL.

City & State

4. FEI Number **59-3570876**

Applied For
 Not Applicable

Zip
32701

Zip

Country

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

MAJZOUB, SAMER S
378 WHOOPING LOOP
1272
ALTAMONTE SPRINGS FL 32701

Name
MAJZOUB, SAMER S.
 Street Address (P.O. Box Number is Not Acceptable)

283 Cranes Roost Blvd., ste 111
Altamonte springs FL 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 Majzoub**

DATE **1-29-02**

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

(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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **P** ☐ Delete
 NAME **MAJZOUB, SAMER S**
 STREET ADDRESS **378 WHOOPING LOOP, SUITE 1272**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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: **Samer Majzoub**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-29-02** (407) 4933500
 Date Daytime Phone #

CR2E034 (9/01)