

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90044 041 ***150.00

0114706

DOCUMENT # P99000071035

1. Entity Name

REMLOGIC CORP.

Principal Place of Business

13581 N.W. 6TH STREET, #103
 PEMBROKE PINES FL 33028

Mailing Address

13581 N.W. 6TH STREET, #103
 PEMBROKE PINES FL 33028

2. Principal Place of Business

ONE FINANCIAL PLAZA

3. Mailing Address

ONE FINANCIAL PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1600

SUITE 1600

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33394

Country

USA

Zip

33394

Country

USA

4. FEI Number

65-0943132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MOYLE, BERNARD T
 BENSON, MOYLE AND MUCCI, LLP
 ONE FINANCIAL PL., SUITE 1600
 FORT LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 2001 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

TITLE **D** ☐ Delete
 NAME **PHIDD, MICHAEL**
 STREET ADDRESS **13581 N.W. 6TH STREET, #103**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **PHIDD, MICHAEL**
 STREET ADDRESS **1603 BARCELONA WAY**
 CITY-ST-ZIP **WESTON, FL 33327**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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:

Michael Phidd

MICHAEL PHIDD, PRESIDENT

4/8/01 954-728-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)