

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077742

1. Entity Name

REMER & ASSOCIATES, P.A.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90155 044 ***150.00

Principal Place of Business

1200 WEST AVENUE, #1507
MIAMI BEACH FL 33139

Mailing Address

1200 WEST AVENUE, #1507
MIAMI BEACH FL 33139-4325

2. Principal Place of Business

1200 West Avenue
Suite, Apt. #, etc.
1507

3. Mailing Address

1200 West Avenue
Suite, Apt. #, etc.
1507

City & State

Miami Beach

City & State

Miami Beach

4. FEI Number

65-0967981

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REMER, JASON S ESQ
1200 WEST AVENUE, #1507
MIAMI BEACH FL 33139

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

4/28/00

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Jason S. Remer, Esq.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 305 538-4484

CR2E034 (9/99)