

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90610 027 \*\*\*150.00

DOCUMENT # S06378

1. Entity Name

TREMIRON, INC.



**DO NOT WRITE IN THIS SPACE**

60020424

2. Principal Place of Business  
11321 NE 128TH STREET

Suite, Apt. #, etc.

3. Mailing Address  
11321 NW 139TH STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
65-0238002

Applied For  
Not Applicable

Zip  
33178

Country  
USA

Zip  
33178

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name - LAZAR SCHNEIDER, ESQ. c/o BERGER SINGEMAN

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

350 E. LAS OLAS BLVD., SUITE 1000

City FT. LAUDERDALE

FL

Zip Code  
33301

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, type or printed name of registered agent and title 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  
D/P - Michel A. Caron  
STREET ADDRESS  
800 Blvd. Pierre-Tremblay  
CITY - ST - ZIP  
Iberville QU

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
D/S - Edilio Pacitti  
STREET ADDRESS  
11321 NW 138th Street  
CITY - ST - ZIP  
Miami, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
D/VP - Marisa Pacitti  
STREET ADDRESS  
11321 NW 138th Street  
CITY - ST - ZIP  
Miami, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
D/VP - Hugues Caron  
STREET ADDRESS  
2885 St. Clair St.  
CITY - ST - ZIP  
Jacksonville, FL 32254

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17/03

Date

305-825-9000

Daytime Phone #

CR2E034B (12/02)