

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S34534

1. Entity Name
REMACO INTERNATIONAL, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90026 013 ***150.00

Principal Place of Business 5733 NW 159 ST. MIAMI LAKES FL 33014 US	Mailing Address 5733 NW 159 ST. MIAMI LAKES FL 33014-6750 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0225371	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BREAKWELL, PHILLIP
102 NE 18TH STREET
DELRAY BCH. FL 33444

7. Name and Address of New Registered Agent
Name **BREAKWELL, JAMES**
Street Address (P.O. Box Number is Not Acceptable)
2771 SW 5 ST.
City **DELRAY BEACH** FL Zip Code **33445**

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 **JAMES BREAKWELL** DATE **JAN 24, 2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 DPT NAME BREAKWELL, PHILLIP STREET ADDRESS 102 NE 18TH STREET CITY-ST-ZIP DELRAY BCH. FL	<input checked="" type="checkbox"/> Delete
TITLE DS NAME BREAKWELL, JAMES STREET ADDRESS 2771 SW 5TH ST CITY-ST-ZIP DELRAY BCH FL	<input type="checkbox"/> Delete
TITLE D NAME ANCELOVICI, JORGE STREET ADDRESS ROMAN DIAZ 317 OF 11 CITY-ST-ZIP SANTIAGO CH	<input type="checkbox"/> Delete
TITLE D NAME MIRAD, ANTONIO STREET ADDRESS SAN NICOLAS 101/9 CITY-ST-ZIP 2700 PERGAMINO AR	<input type="checkbox"/> Delete
TITLE D NAME VALOIS, DANIEL STREET ADDRESS ABANICO A CANONIGOS EDIF TURIPAN CITY-ST-ZIP CARACAS VE	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DVT NAME BREAKWELL, CHRISTOPHER STREET ADDRESS 10720 WASHINGTON ST. APT # 205 CITY-ST-ZIP PEMBROKE PINES FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DPS NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JAMES BREAKWELL** DATE **JAN 24 2000** Daytime Phone # **305-824-1805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)