

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 15, 2001 8:00 am**
Secretary of State

02-15-2001 90012 027 ***150.00

DOCUMENT # S34534

1. Entity Name

REMACO INTERNATIONAL, INC.

Principal Place of Business

5733 NW 159 ST.
MIAMI LAKES FL 33014
US

Mailing Address

5733 NW 159 ST.
MIAMI LAKES FL 33014
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0225371**

Applied For

Not Applicable

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

~~BREAKWELL, PHILLIP
102 NE 18TH STREET
DELRAY BCH. FL 33444~~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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JAMES BREAKWELL**JAN 26, 2001**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 State10. 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 **DVT** ☐ Delete
NAME **BREAKWELL, CHRISTOPHER**
STREET ADDRESS **10720 WASHINGTON ST APT 205**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DPS** ☐ Delete
NAME **BREAKWELL, JAMES**
STREET ADDRESS **2771 SW 5TH ST**
CITY-ST-ZIP **DELRAY BCH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ANCELOVICI, JORGE**
STREET ADDRESS **ROMAN DIAZ 317 OF 11**
CITY-ST-ZIP **SANTIAGO CH**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **CORONEL 2330 OF. #41**
CITY-ST-ZIP **SANTIAGO CHILE**TITLE **D** ☐ Delete
NAME **MIRAD, ANTONIO**
STREET ADDRESS **SAN NICOLAS 101/9**
CITY-ST-ZIP **2700 PERGAMINO AR**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **VALOIS, DANIEL**
STREET ADDRESS **ABANICO A CANONIGOS EDIF TURIPAN**
CITY-ST-ZIP **CARACAS VE**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES BREAKWELL

Date

JAN 26, 2001

Daytime Phone #

305-824-1805

CR2E034 (10/00)