2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90041 050 ***150.00

DOCUMENT # S34534

1. Entity Name
REMACO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
5733 NW 159 ST. MIAMI LAKES FL 33014 US	5733 NW 159 ST. MIAMI LAKES FL 33014 US

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	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

BREAKWELL, PHILLIP
2771 S W 5 ST
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name BREAKWELL JAMES
Street Address (P.O. Box Number is Not Acceptable)
2771 S.W. 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 APR 24, 2002
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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT BREAKWELL, CHRISTOPHER 10720 WASHINGTON ST APT 205 PEMBROKE PINES FL 33025	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREAKWELL PHILLIP 42278 QUAIL RIDGE DR. BOYTON BEACH FL 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS BREAKWELL, JAMES 2771 SW 5TH ST DELRAY BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIRAD, ADRIAN RUTA 188 KM 72 PERGAMINO (2700) ARGENTINA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANCELOVICI, JORGE CORONEL 2330 OF # 41 SANTIAGO CH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIRAD, ANTONIO SAN NICOLAS 101/9 2700 PERGAMINO AR	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALOIS, DANIEL ABANICO A CANONIGOS EDIF TURIPAN CARACAS VE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 APR 24, 2002 305-824-1805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)