

# 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

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

2771 S W 5 ST

DELRAY BEACH FL 33445

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

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

(NOTE: Registered Agent signature required when reinstating)

JAMES BREAKWELL

APR 24, 2002

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 DVT  
 NAME BREAKWELL, CHRISTOPHER ☒ Delete  
 STREET ADDRESS 10720 WASHINGTON ST APT 205  
 CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE D ☐ Change ☒ Addition  
 NAME BREAKWELL, PHILLIP  
 STREET ADDRESS 4227 B QUAIL RIDGE DR.  
 CITY-ST-ZIP BOYTON BEACH FL 33436

TITLE DPS  
 NAME BREAKWELL, JAMES ☐ Delete  
 STREET ADDRESS 2771 SW 5TH ST  
 CITY-ST-ZIP DELRAY BCH FL

TITLE D ☐ Change ☒ Addition  
 NAME MIRAD, ADRIAN  
 STREET ADDRESS RUTA 188 KM 72  
 CITY-ST-ZIP PERGAMINO (2700) ARGENTINA

TITLE D  
 NAME ANCELOVICI, JORGE ☐ Delete  
 STREET ADDRESS CORONEL 2330 OF # 41  
 CITY-ST-ZIP SANTIAGO CH

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

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-ZIP

TITLE 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-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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

APR 24, 2002 305.824.1805

Date

Daytime Phone #

CR2E034 (9/01)