

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90026 005 ***150.00

DOCUMENT # S71425

1. Entity Name

REMAID CORPORATION

Principal Place of Business

1076 MEADOWLARK AVE
 MIAMI SPRINGS FL 33166

Mailing Address

1076 MEADOWLARK AVE
 MIAMI SPRINGS FL 33166-3221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

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

DE MARTINI, MARTA C.
1076 MEADOWLARK AVE
MIAMI SPRINGS FL 33166

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD <input type="checkbox"/> Delete	DE MARTINI, RENATO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1076 MEADOWLARK AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	CITY-ST-ZIP	
VSD <input type="checkbox"/> Delete	DE MARTINI, ELIO V.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1076 MEADOWLARK AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	CITY-ST-ZIP	
VAS <input type="checkbox"/> Delete	DE MARTINI, MARTA C.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1076 MEADOWLARK AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	CITY-ST-ZIP	
D <input type="checkbox"/> Delete	DE MARTINI, MARTA C.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1076 MEADOWLARK AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marta De Martini **MARTA DE MARTINI** April 10/00

Date

Daytime Phone #

CR2E034 (9/99)