

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90149 006 \*\*\*550.00

**DOCUMENT # 466795**

1. Entity Name  
**REP ENTERPRISES INC.**

(4)

Principal Place of Business  
**700 N FEDERAL HWY**  
**HALLANDALE FL 33009**  
**US**

Mailing Address  
**2800 OLD ORCHARD RD**  
**DAVIE FL 33328**  
**US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 2876**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**HALLANDALE, FL**

4. FEI Number **59-1565026**  
 Applied For  
 Not Applicable

Zip **33008-2876** Country **USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PALACIOS, RAUL E.**  
**2800 OLD ORCHARD RD**  
**DAVIE FL 33328**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2705 PARKVIEW DRIVE**  
 City **HALLANDALE, FL 3** **FL** Zip Code **33009**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PALACIOS, RAUL E</b> <b>2800 OLD ORCHARD RD</b> <b>DAVIE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PALACIOS, ELSA M.</b> <b>2800 OLD ORCHARD RDQ</b> <b>DAVIE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PALACIOS, RAUL E II</b> <b>202 W FOREST OAK CIRCLE</b> <b>DAVIE FL 33325</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>PALACIOS, RICHARD E</b> <b>348 E. GARDEN COVE CIRCLE</b> <b>DAVIE FL 33325</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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: Raul E. Palacios **Raul E. Palacios** 5/29/02 954-609-4859  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)