**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 26, 2002 8:00 am Secretary of State DOCUMENT # K51632 1. Entity Name JEFF RZEPKO, INC. 02-26-2002 90088 007 \*\*\*150.00 Principal Place of Business Mailing Address 169 E FLAGER STREET % JEFF RZEPKO 169 E FLAGLER ST MIAMI FL 33180 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0093007 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RZEPKO, JEFF Street Address (P.O. Box Number is Not Acceptable) 169 E FLAGLER ST **MIAMI FL 33180** City Zip Code FL 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, 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 · FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State <del>5</del>1. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PVT** TITLE TITLE ☐ Delete NAME RZEPKO, JEFF NAME STREET ADDRESS 169 E. FLAGLER STREET, #1022 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition RZEPKO, JEFF NAME NAME STREET ADDRESS 169 E. FLAGLER STREET, #1022 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 trusted 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 otherslike empowered.

SIGNATURE:

changed, or on an attachment with an