

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038751

1. Entity Name

R. B. EQUITIES, INC.

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90082 003 ***158.75

Principal Place of Business

200 WEST CANTON AVENUE
SUITE 105
WINTER PARK FL 32789

Mailing Address

200 WEST CANTON AVENUE
SUITE 105
WINTER PARK FL 32751-4130

010040

2. Principal Place of Business

2603 Maitland Center
Suite B
Maitland FL
32751 Orange

3. Mailing Address

2603 Maitland Center
Suite B
Maitland FL
32751 Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3187439

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name: Reid Berman
Street Address (P.O. Box Number is not acceptable): 2603 Maitland Center Parkway
Suite B
City: Maitland FL Zip Code: 32751

LABRET, STEVEN M
501 N. MAGNOLIA AVE.
SUITE A
ORLANDO FL 32801

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

TITLE	D PACS	☐ Delete
NAME	BERMAN, REID	
STREET ADDRESS	200 WEST CANTON AVENUE, SUITE 105	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Reid Berman	☐ Change ☐ Addition
NAME	2603 Maitland Center Parkway	
STREET ADDRESS	Suite B	
CITY-ST-ZIP	Maitland FL 32751	☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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

DATE

Daytime Phone #

CR2E034 (9/99)