2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90286 032 ***150.00

DOCUMENT # H91525

1. Entity Name
RASCO, REININGER & PEREZ, P.A.

Principal Place of Business	Mailing Address
5200 BLUE LAGOON DR SUITE 700 MIAMI FL 33126 US	5200 BLUE LAGOON DR SUITE 700 MIAMI FL 33126 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
283 Catalonia Avenue	283 Catalonia Avenue
Suite, Apt. #, etc.: 2nd Floor	Suite, Apt. #, etc.: 2nd Floor
City & State: Coral Gables, FL 33134	City & State: Coral Gables, FL 33134
Zip / Country	Zip / Country

4. FEI Number 59-2626041 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
THE WATERFORD BUILDING
5200 BLUE LAGOON DR. SUITE 700
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name: Miami Corporate Systems, Inc.
Street Address (P.O. Box Number is Not Acceptable): 283 Catalonia Avenue, 2nd Floor
City: Coral Gables FL Zip Code: 33134

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 _____ Ass VP 4/20/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RASCO, RAMON E. 5200 BLUE LAGOON DR. 700 MIAMI FL	☐ Delete	PD Rasco, Ramon E. 283 Catalonia Avenue, 2nd Floor Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST REININGER, STEVEN R. 5200 BLUE LAGOON DR. 700 MIAMI FL	☐ Delete	DST Reininger, Steven R. 283 Catalonia Avenue, 2nd Floor Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PEREZ, LUIS A 5200 BLUE LAGOON DR. STE 700 MIAMI FL	☐ Delete	DV Perez, Luis A. 283 Catalonia Avenue, 2nd Floor Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SELLEK, MERCEDES M 5200 BLUE LAGOON DR #700 MIAMI FL 33126	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESQUENAZI, SALOMON B 5200 BLUE LAGOON DR #700 MIAMI FL 33126	☐ Delete	D Esquenazi, Salomon B. 283 Catalonia Avenue, 2nd Floor Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARALSON, PAUL 5200 BLUE LAGOON DR #700 MIAMI FL 33126	☐ Delete	D Haralson, Paul 283 Catalonia Avenue, 2nd Floor Coral Gables, FL 33134	☒ Change ☐ Addition

CR2E034 (10/00)

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: _____ 4/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #