

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90060 007 ***150.00

DOCUMENT # 466795

1. Entity Name
REP ENTERPRISES INC.



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

Mailing Address
**PO BOX 2876
HALLANDALE FL 33008-2876
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1565026**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PALACIOS, RAUL E.
2705 PARKVIEW DR
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name **Elsa M. Palacios**

Street Address (P.O. Box Number is Not Acceptable)
2800 Old Orchard Road

City **Davie**

FL

Zip Code **33328**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2800 Old Orchard Road	
CITY-ST-ZIP		33328
TITLE	Vice President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raul E. Palacios, II	
STREET ADDRESS	5100 S.W. 167 Avenue	
CITY-ST-ZIP	Southwest Ranches, FL 33331	
TITLE	Treasurer & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Monique Manning	
STREET ADDRESS	2810 Old Orchard Road	
CITY-ST-ZIP	Davie, FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF RICHARD E. PALACIOS, II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/03 (954) 559-7107

CR2E034 (10/02)