

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90084 034 ***158.75

DOCUMENT # 522229

1. Entity Name

REESE CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19000 N. E. 5TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

19000 N. E. 5TH AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH, FL.

City & State

NORTH MIAMI BEACH, FL.

4. FEI Number

59-1706437

Applied For

Not Applicable

Zip

33179-3990

Country

US

Zip

33179-3990

Country

US

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

REESE, JONATHAN

Street Address (P.O. Box Number is Not Acceptable)

19000 N. E. 5TH AVE.

City

NORTH MIAMI BEACH

FL

Zip Code

33179

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	ST
NAME	REESE, MIRIAM
STREET ADDRESS	19000 N. E. 5TH AVENUE
CITY-ST-ZIP	NORTH MIAMI BEACH FL. 33179
TITLE	V
NAME	REESE, JONATHAN
STREET ADDRESS	19000 N. E. 5TH AVENUE
CITY-ST-ZIP	NORTH MIAMI BEACH FL. 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-653-1000

Daytime Phone #

CR2E034B (12/02)