

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90044 018 ***150.00

DOCUMENT # 626599

1. Entity Name

REPAZE MANAGEMENT, INC.



Principal Place of Business

C/O SANFORD N. REINHARD
2875 NE 191ST STREET, SUITE 404
NORTH MIAMI BCH. FL 33180

Mailing Address

C/O SANFORD N. REINHARD
2875 NE 191ST STREET, SUITE 404
NORTH MIAMI BCH. FL 33180

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

59-1938426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

54027830



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

REINHARD, SANFORD N., P.A.
2875 NE 191ST STREET, SUITE 404
NORTH MIAMI BCH. FL 33180

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GOLDLIST, RENEE	
STREET ADDRESS	12 GOLDFINCH COURT	
CITY-ST-ZIP	WILLOWDALE ON m2-r2c3	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOLDLIST, BARRY DAVID	
STREET ADDRESS	12 GOLDFINCH COURT	
CITY-ST-ZIP	WILLOWDALE ON m2-r2c3	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDLIST, PAUL	
STREET ADDRESS	12 GOLDFINCH COURT	
CITY-ST-ZIP	WILLOWDALE ON m2-r2c3	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	123 DEWBORNE AVE.	
CITY-ST-ZIP	TORONTO, ON M6C1Y6	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	123 DEWBORNE AVE.	
CITY-ST-ZIP	TORONTO, ON M6C1Y6	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	123 DEWBORNE AVE.	
CITY-ST-ZIP	TORONTO, ON M6C1Y6	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

B.D. GOLDLIST

2/6/04

Date

416-823-7499

Daytime Phone #