2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 MAY 12 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 823902

1. Entity Name
REIBER ESTATES LIMITED

Principal Place of Business	Mailing Address
19955 NE 38TH COURT	200 S. BISCAYNE BLVD.
UNIT 2802	2420
AVENTURA FL 33180	MIAMI FL 33131
US	US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3000
City & State	City & State miami FL.
Zip / Country	Zip 33131 / Country US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1302063 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELAND, MARK S.	Name Meland Russin Hellinger Budwick PA
2420 FIRST UNION FINANCIAL CENTER	Street Address (P.O. Box Number is Not Acceptable) 3000 Wachovia Financial Center
200 SOUTH BISCAYNE BOULEVARD	200 S. Biscayne Blvd.
MIAMI FL 33131	City miami FL Zip Code 33131

8. The above name 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 MARK MELAND 3/21/03
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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REIBER,NATHAN	NAME	500019740835
STREET ADDRESS	19955 NE 38 CT #2802	STREET ADDRESS	05/22/03--01065--029 **150.00
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REIBER, LAWRENCE	NAME	
STREET ADDRESS	19955 NE 38 CT #2802	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MELAND, MARK S.	NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD. #2420	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED MARK MELAND V.P. 3/21/03 (305) 358-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)