

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02/18/11 AM

DOCUMENT # **823902**

1. Entity Name
REIBER ESTATES LIMITED



FILED
03 MAY 12 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
19955 NE 38TH COURT
UNIT 2802
AVENTURA FL 33180
US

Mailing Address
200 S. BISCAYNE BLVD.
2420
MIAMI FL 33131
US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
200 S. Biscayne Blvd.
Suite, Apt. #, etc.
3000

City & State
MIAMI FL 3

4. FEI Number **59-1302063** Applied For Not Applicable

Zip **33131** Country **US**

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

6. Name and Address of Current Registered Agent
MELAND, MARK S.
2420 FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name **Meland Russin Hellinger Budwick PA.**
Street Address (P.O. Box Number is Not Acceptable)
3000 Wachovia Financial Center
200 S. Biscayne Blvd.
City **MIAMI** FL Zip Code **33131**

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]* **MARK MELAND** DATE **3/21/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD REIBER, NATHAN 19955 NE 38 CT #2802 AVENTURA FL 33180 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD REIBER, LAWRENCE 19955 NE 38 CT #2802 AVENTURA FL 33180 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MELAND, MARK S. 200 S. BISCAYNE BLVD. #2420 MIAMI FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500019740835 05/22/03--01065--029 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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]* **MARK MELAND, VP.** Date **3/21/03** Daytime Phone # **(305) 358-6363**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (10/02)