## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F0000001676

1. Entity Name

**DOCUMENT #** 

RETAIL EQUITY PARTNERS, INC.



04-14-2003 90415 005 \*\*\*150.00

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Suito, Apt. 4, etc.  City & State  Country  Applications of Current Registered Agent  6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324  :	Principal Place of Business 6000 UNIVERSAL BLVD #7458 ORLANDO FL 32819		59 <b>00</b> FLOO	5900 WILSHIRE BLVD FLOOR 1											
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite   S	2. Principal F	Place of Busin	ess			0 ይታ	Hiah								
Zip Country	Suite, Apt. #, etc. Suite, Apt. #, etc.				e, Apt. #, etc.			<u></u>	CHECK HERE IF MAKING CHANGES						
So. Name and Address of Current Registered Agent  So. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  FL  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  DATE  Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  City  FL  Zip Code  Street Address (PC, Box Number is Not Acceptable)  DATE  Add	Ott. 9 Ctate				eacl	n, CA	1	4. FEI Num	<sup>nber</sup> 52-	221164	3		<b>→</b>	oplied For ot Applicable	
Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FLE Now III FEE Is \$1 50.00  After May 1, 2003 Fee will be \$55.00  Make Check Payable to Florida Department of State  City FL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  MAGE INSERT ADDITIONS SUMMER STREET  STAMFORD CT 06805  TITLE  MAKE  MA	Zip 		<u> </u>	92	663	Coun US	try <b>A</b>						Fe	e Require	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  3. The above named ontity 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 is the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE WIEDERCHT, DAVID  SIREST ADDRESS  SITERET ADDRESS  SIT		6. Name	and Address of Curren	Registere	ed Agent	_	Name		7. Name a	nd Addres	s of New	Register	ed Ag	ent	
PLANTATION FL 33324    City   FL   Zip Code	C T CORF	PORATION :	SYSTEM												
Signature luprater present runne of registered agent.  The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and in the obligations of registered agent.  Signature luprater present runne of requisitered spent and size it applicable.  (NOTE flugistered Agent signature incurred when relinication)  DATE  FILE NOW!!! FEE, IS \$150.00  After May 1, 2003 Fee will be \$\$50.00  Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  MAKE WIEDERCHT, DAVID  3003 SUMMER STREET  STAMFORD CT 06905  DEBUTE  OFFICERS AND DIRECTORS IN 1  MAKE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  THE  MAKE  STREET ADDRESS	1200 SOL	JTH PINE IS	LAND ROAD				Street Ac	ddress (P.)	O. Box Num	ber is Not	Acceptab	le)			
3. 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 a the obligations of registered agent.    SiGNATURE	PLANTATI	ON FL 3332	24												
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Signature, typed or printed ragnet or depotented agent and to the stephicable. (NOTE: Registered Agent sugnature required when reinstation)   DATE				or the purp	ose of changing its	registere	ed office or	registered	d agent, or b	ooth, in the	State of F	lorida. I	am fan	niliar with,	and accept
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  ID. OFFICERS AND DIRECTORS  ITILE MAME JOURNALY STREET JOURNALY STRE	SIGNATURE .	Signature, typed	or printed name of registered agen	and title if app	olicable. (NOTE	Registere	d Agent signatu	re required w	Den reinstating)			DA:	TE		
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12. I hereby certify that the information supplied with this filling 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 an other true empowered.

SIGNATURE:

310-828-1546