

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F44934**

1. Entity Name
R.E.I. MANAGEMENT COMPANY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 12 AM 9:24

Principal Place of Business

**3250 MARY STREET
SUITE 306
MIAMI FL 33133**

Mailing Address

**3250 MARY STREET
SUITE 306
MIAMI FL 33133**

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

59-2230094

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

~~MCGRATH, GREGORY~~
~~4561 GULF OF MEXICO DR~~
~~101~~
~~LONGBOAT KEY FL 34228~~

Name

Levine, Alan

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

1110 Buckell Ave

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.

SIGNATURE **Alan Levine**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-4-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~SPTD~~ ☒ Delete
NAME ~~MCGRATH, GREGORY~~
STREET ADDRESS ~~7826 COOPER RD~~
CITY-ST-ZIP ~~CINCINNATI OH 45242~~

TITLE **President** ☒ Change ☐ Addition
NAME **Steinfurth, Paul**
STREET ADDRESS **3250 Mary Street, Suite 306**
CITY-ST-ZIP **Miami, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-01

Date

305-447-1307

Daytime Phone #

CR2E034 (5/01)

0037510