

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90224 047 ***150.00

DOCUMENT # G72663

1. Entity Name
RUDOLF REIDER, INC.



Principal Place of Business
**1900 NE 28TH TERR
POMPANO BEACH FL 33062**

Mailing Address
**1900 NE 28TH TERR
POMPANO BEACH FL 33062**

2. Principal Place of Business

3. Mailing Address

1371 SO. OCEAN BLVD

1371 SO. OCEAN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 603

APT # 603

City & State

City & State

POMPANO BEACH, FL

POMPANO BEACH FL

Zip

Country

Zip

Country

33062

USA

33062

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2361371**

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

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
REIDER, ANNA LUISE
1371 SO. OCEAN BLVD
POMPANO BEACH FL 33062**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1371 SO OCEAN BLVD, APT #603

☒ Change ☐ Addition

TITLE
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☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

Date

954-781-0319

Daytime Phone #

CR2E034 (10/02)