

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H32646

1. Entity Name

REBFRAN CORPORATION

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90086 035 ***158.75

Principal Place of Business

Mailing Address

~~200 W CANTON AVE~~
~~SUITE 105~~
~~WINTER PARK FL 32789~~
~~US~~

~~200 W CANTON AVE~~
~~SUITE 105~~
~~WINTER PARK FL 32791-4136~~
~~US~~

2. Principal Place of Business

3. Mailing Address

2603 Maitland Center
Suite B
City & State
Maitland, FL
Zip
32751
Country
Orange

2603 Maitland Center
Suite B
City & State
Maitland, FL
Zip
32751
Country
Orange



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2466464

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

STEIN, CLIFFORD L.
200 WEST CANTON AVENUE
SUITE 105
WINTER PARK FL 32789

Clifford L. Stein
2603 Maitland Center Pkwy
Suite B
Maitland, FL 32751

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/29/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	DP	<input type="checkbox"/> Delete
NAME	STEIN, CLIFFORD L.	
STREET ADDRESS	200 W CANTON AVE SUITE 105	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BERMAN, REID S.	
STREET ADDRESS	200 W CANTON AVE SUITE 105	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	S.	<input type="checkbox"/> Delete
NAME	RIVELLI, ADELE C.	
STREET ADDRESS	200 W CANTON AVE SUITE 105	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIVELLI, ADELE C	
STREET ADDRESS	200 W CANTON AVE SUITE 105	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2603 Maitland Center Pkwy	
STREET ADDRESS	Suite B	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2603 Maitland Center Pkwy	
STREET ADDRESS	Suite B	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2603 Maitland Center Pkwy	
STREET ADDRESS	Suite B	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2603 Maitland Center Pkwy	
STREET ADDRESS	Suite B	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/00 659-0120

CR2E034 (9/99)