

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90286 032 \*\*\*150.00

**DOCUMENT # H91525**

1. Entity Name

**RASCO, REININGER & PEREZ, P.A.**

Principal Place of Business

**5200 BLUE LAGOON DR  
 SUITE 700  
 MIAMI FL 33126  
 US**

Mailing Address

**5200 BLUE LAGOON DR  
 SUITE 700  
 MIAMI FL 33126  
 US**

**000413**

2. Principal Place of Business

**283 Catalonia Avenue**

3. Mailing Address

**283 Catalonia Avenue**

Suite, Apt. #, etc.

**2nd Floor**

Suite, Apt. #, etc.

**2nd Floor**

City & State

**Coral Gables, FL 33134**

City & State

**Coral Gables, FL 33134**

Zip

Country

Zip

Country

4. FEI Number

**59-2626041**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.  
 THE WATERFORD BUILDING  
 5200 BLUE LAGOON DR. SUITE 700  
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

**Miami Corporate Systems, Inc.**

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

**283 Catalonia Avenue**

**2nd Floor**

City

**Coral Gables**

**FL**

Zip Code

**33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>RASCO, RAMON E.</b>	
STREET ADDRESS	<b>5200 BLUE LAGOON DR. 700</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	DST	<input type="checkbox"/> Delete
NAME	<b>REININGER, STEVEN R.</b>	
STREET ADDRESS	<b>5200 BLUE LAGOON DR. 700</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	<b>PEREZ, LUIS A</b>	
STREET ADDRESS	<b>5200 BLUE LAGOON DR. STE 700</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>SELLEK, MERCEDES M</b>	
STREET ADDRESS	<b>5200 BLUE LAGOON DR #700</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>ESQUENAZI, SALOMON B</b>	
STREET ADDRESS	<b>5200 BLUE LAGOON DR #700</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HARALSON, PAUL</b>	
STREET ADDRESS	<b>5200 BLUE LAGOON DR #700</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rasco, Ramon E.</b>	
STREET ADDRESS	<b>283 Catalonia Avenue, 2nd Floor</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Reininger, Steven R.</b>	
STREET ADDRESS	<b>283 Catalonia Avenue, 2nd Floor</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Perez, Luis A.</b>	
STREET ADDRESS	<b>283 Catalonia Avenue, 2nd Floor</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Esquenazi, Salomon B.</b>	
STREET ADDRESS	<b>283 Catalonia Avenue, 2nd Floor</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Haralson, Paul</b>	
STREET ADDRESS	<b>283 Catalonia Avenue, 2nd Floor</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	

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 #

CR2E034 (10/00)