

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

J22061

1. Entity Name

R. W. Reif Builders, Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

1101 HOLLAND DR

1810 SABLE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FL

DEERFIELD BEACH FL

Zip

Country

Zip

Country

33487

33442

4. FEI Number

27-2713195

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

Name

REIF, RICHARD

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

1101 HOLLAND DRIVE

BOCA RATON

FL

Zip Code 33487

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, 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 P S UP
NAME BROOKS HARRY
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

TITLE P S UP T
NAME REIF, RICHARD
STREET ADDRESS 1101 HOLLAND DRIVE
CITY-ST-ZIP BOCA RATON FL 33487

☒ Change ☒ Addition

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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 #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90111 001 ***300.00

10000

DO NOT WRITE IN THIS SPACE

4/28/00

4/28/00