

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03852

1. Entity Name

REU-DOM INVESTMENTS & HOLDINGS INC.

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

05-04-2000 90232 044 ***158.75

Principal Place of Business

1207 S.W. 2ND ST.
 POMPANO BEACH FL 33069-3209
 US

Mailing Address

P.O. BOX 39588
 FT LAUDERDALE FL 33339-8588
 US

2. Principal Place of Business

3932 N.E. 5th Avenue
 Suite, Apt. #, etc.

3. Mailing Address

S A M E

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Oakland Park Florida

City & State

4. FEI Number

65-0400058

Applied For

Not Applicable

Zip
 33334-2232

Country
 Broward

Zip

Country

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

REU-DOM & ASSOCIATES
 3233 NE 34TH ST
 #406
 FT LAUDERDALE FL FL 33308

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.

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 CP
 NAME SHARE, REUBIN
 STREET ADDRESS 3233 N.E. 34TH STREET #406
 CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE VS
 NAME SHARE, DOMINIQUE
 STREET ADDRESS 3233 N.E. 34TH STREET #406
 CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE VD
 NAME TETREAULT, PETER
 STREET ADDRESS 160 FAIRHAVEN
 CITY-ST-ZIP HUDSON, QUEBEC ☐ Delete

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Change ☐ Addition
 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

4/26/00

Date

(954) 564-2337

Daytime Phone #

CR2E034 (9/99)