

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90004 026 ***150.00

0071608 AV

DOCUMENT # P00000011039

1. Entity Name

REDA GROUP, INC.

Principal Place of Business

**9377 ALTERNATE A1A
 LAKE PARK FL 33403**

Mailing Address

**9377 ALTERNATE A1A
 LAKE PARK FL 33403**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0978242

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

**NICHOLS, L. WESLEY ESQ.
 11380 PROSPERITY FARMS RD., SUITE 204
 PALM BCH GARDENS FL 33410**

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 \$550.00

**After September 12, 2001. Fee will be \$750.00
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PVD
 SHANTI, MAMDOH
 9377 ALTERNATE A1A
 LAKE PARK FL 33403** ☐ Delete

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

TITLE
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**ST
 SHANTI, MAMDOH
 9377 ALTERNATE A1A
 LAKE PARK FL 33403** ☐ Delete

TITLE
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 CITY-ST-ZIP
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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/01

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

~~Doc.~~ # P00000011039

TO Division of Corporation.
Uniform Business Report Filing

BOU02575

I, recently received notification of delinquency to renew UBR, my understanding this was was first notification of delinquency. However, speaking with Mr. Anthony C. from Public Inquiry section ~~that~~ this was 2nd notice.

I, apologize for any inconvenience this may create. I recently, Uniformed this Corporation and this my first year in Business, I would appreciate your understanding in waiving the delinquency fees.

In Close the Fee for UBR is in Close.

Thanky.

Reda Group Inc.

