

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90210 045 ***150.00

0291735

DOCUMENT # P00000013333

1. Entity Name
THREE REDS, INC.

Principal Place of Business Mailing Address
149 PONCE DE LEON ST 149 PONCE DE LEON ST
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411

2. Principal Place of Business 3. Mailing Address
10453 Southern Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ry/Palm Bc FL
 Zip Country Zip Country
33411 USA

4. FEI Number Applied For
65-0981532 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROBERT MORRIS, P.A.
685 ROYAL PALM BEACH BLVD, SUITE 205
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent
 Name **Robert J. Brovero**
 Street Address (P.O. Box Number is Not Acceptable)
149 Ponce de Leon St
Ry/Palm Bc FL 33411
 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]*
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **4/17/01**

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 **PSTD** ☐ Delete
 NAME **BROVERO, ROBERT J**
 STREET ADDRESS **149 PONCE DE LEON ST**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **VD** ☐ Delete
 NAME **BROVERO, DIANA**
 STREET ADDRESS **149 PONCE DE LEON ST**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/17/01** 561
 DAYTIME PHONE # **333-7292**

CR2E034 (10/00)