

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000030639**1. Entity Name  
REACH 2000 INC.**Principal Place of Business**

4954 NW 52 AVENUE

POMPANO BEACH  
33073

FL

**Mailing Address**

4954 NW 52 AVENUE

POMPANO BEACH  
33073

FL

**2. Principal Place of Business**

4747 NOB HILL ROAD

Suite, Apt. #, etc.  
SUITE #1**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

SUNRISE

FL

**City & State**Zip  
33351

Country

Zip

Country

**4. FEI Number**

65-0993478

Applied For

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**LEWIS VAL  
4954 NW 52 AVENUEPOMPANO BEACH  
33073

FL

US

**7. Name and Address of New Registered Agent**

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 **VAL LEWIS**

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

(NOTE: Registered Agent signature required when reinstating)

04/29/2001

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER CLARION H	
STREET ADDRESS	17 BATTENSEA ROAD	
CITY-ST-ZIP	MANDEVILLE, MANCHESTER JAMAICA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEWIS OLIVE	
STREET ADDRESS	4954 NW 52 AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEWIS VAL	
STREET ADDRESS	4954 NW 52 AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE MICHAEL	
STREET ADDRESS	17031 SW 108 AVENUE	
CITY-ST-ZIP	MIAMI FL 33067	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE DAVID	
STREET ADDRESS	5310 HAWKES BLUFF AVENUE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: VAL LEWIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD

04/29/2001

Date

Daytime Phone #

CR2E034 (11/00)