

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91565 050 \*\*\*150.00

DOCUMENT # **P000000046351**

1. Entity Name

**RECONTRADER CORP**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4901 NW 17th WAY**

Suite, Apt. #, etc.

**405**

3. Mailing Address

**4901 NW 17th WAY**

Suite, Apt. #, etc.

**405**

DO NOT WRITE IN THIS SPACE

City & State

**FT. LAUDERDALE FL**

City & State

**FT. LAUDERDALE FL**

4. FEI Number

**65-1005853**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**FRED SMILEK**

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

**4901 NW 17th WAY**

**# 405**

City **FT. LAUDERDALE**

**FL**

Zip Code **33309**

**DO NOT WRITE  
IN THIS SPACE**

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

**4/12/02**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

NAME

STREET ADDRESS

CITY - ST - ZIP

**CE PRESIDENT  
FRED SMILEK  
3100 N. OCEAN BLVD #2301  
FT. LAUDERDALE FL 33308**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SECRETARY  
SCOTT RAYBIN  
4201 N. OCEAN BLVD #101  
BOCA RATON FL 33431**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like information.

**4/12/02**

**954 772 3034**

Date

Daytime Phone #

CR2E034B (12/01)