

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90086 036 \*\*\*550.00

**DOCUMENT # P00000072696**

1. Entity Name  
**REBA SERVICES, INC.**

Principal Place of Business

**4400 NW 77TH TERRACE  
 LAUDERHILL FL 33351**

Mailing Address

**4400 NW 77TH TERRACE  
 LAUDERHILL FL 33351**

80137664

2. Principal Place of Business

**4400 NW 77 TER**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**LAUDERHILL, FLORIDA**

City & State

4. FEI Number

**65-1072542**

Applied For

Not Applicable

Zip

**33351**

Country

**Brow Ard**

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

**ROJAS, MARIA P  
 4400 NW 77 TERRACE  
 LAUDERHILL FL 33351**

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>D<br/>                 ALVAREZ, GLADYS S<br/>                 4400 NW 77 TERR<br/>                 LAUDERHILL FL 33351</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>D<br/>                 ROJAS, MARIA P<br/>                 4400 NW 77 TERRACE<br/>                 LAUDERHILL FL 33351</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>D<br/>                 ROJAS, ALI P<br/>                 4400 NW 77TH TERRACE<br/>                 LAUDERHILL FL 33351</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |

CR2E034 (4/02)

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: MARIA ALVAREZ** **9/6/02 (954) 444-0385**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #