2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000075070

1. Entity Name

REKI ENTERPRISES, INCORPORATED



FILED Jul 16, 2003 8:00 am Secretary of State

07-16-2003 90040 031 ***550.00

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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name	City & State	e		City & State			4.	. FEI Number 65-103085	1			
SLAVIN, MICHAEL A ESO 4400 PGA AVE, STE 402 PALM BEACH GARDENS FL 33410 City FL Zie 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 Florice. I am familiar with, and accept the obligations of registered agent. \$\text{SySNATURE} \text{ Signature, typed or demined more of registered specific properties agent.} \text{ DATE} FILE NOW!!! FEE IS \$\$50.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME REBACK, DAVID G 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122 N PALM BEACH FL 33408 POSS 11420 US \$1, PMB 122	Zip	Zip Country			Zip Country			. Certificate of Status Desired	□ \$	8.75 Add	itional	
SLAVIN, MICHAEL A ESO 4400 PGA AVE, STE 402 PALM BEACH GARDENS FL 33410 City FL Zip Code 6. 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 3 the obligations of registered agent and this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept 3 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept 3 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept 4 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept 4 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept 4 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept 4 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept 4 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept 4 the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept 4 the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept 4 the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept 4 the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept 4 the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept 4 the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept 4 the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept 4 the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept 4 the obligation of registered agent, or both		6. Name a	nd Address of Currer	nt Registered Agen	t		7. Name and Address of New Registered Agent					
### Addition #### Addition #### Addition ### Addition #### Addition #### Addition #### Addition #### Addition #### Addition ##### Addition ##### Addition ####################################	SLAVIN MICHAEL A ESO						Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept 3 the obligations of registered agent. SySANTURE: Spritture, hyeld or printed name or registered agent and tile if explicable. (INCTE floatgrave Agent appraise required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-2P NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME DILLON CO 8043S TITLE NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P Delete STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P Delete STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P Change Addition NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P Change Addition STREET ADDRESS CITY-ST-2P Change Addition NAME STREET ADDRESS CITY-ST-2P Change Addition STREET ADDRESS CITY-ST-2P Change ADDR	4400 PGA	AVE, STE 4	02		Street Address (P.O.			Box Number is Not Acceptable)				
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 Florion. I am familiar with, and accept the obligations of registered agent. \$\frac{1}{2}\$ the obligations of registered agent. \$\frac{1}{2}\$ the obligations of registered agent. \$\frac{1}{2}\$ the obligations of registered agent to the purpose of changing its registered office or registered agent, or both, in the State of Florion. I am familiar with, and accept the obligations of registered agent. \$\frac{1}{2}\$ the obligations of registered agent to the purpose of changing its registered office or registered agent, or both, in the State of Florion. I am familiar with, and accept the obligations of registered agent. \$\frac{1}{2}\$ the obligations obligations. \$\frac{1}{2}\$ the obligations of registered agent. \$\frac{1}{2}\$ the obligations of registered agent. \$\frac{1}{2}\$ the obligations obligations. \$\frac{1}{2}\$ the obligations of register	Palm Bea	ach garde	NS FL 33410			j						
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like ampowered.

SIGNATURE: