

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-18-2001 91589 006 ***150.00

DOCUMENT # P00000101287

1. Entity Name

REACTION SHOP, INC.



Principal Place of Business

2262 N.W. 20th St.

Mailing Address

2262 N.W. 20th St.

MIAMI - FLA 33142

MIAMI - FLA 33142

2. Principal Place of Business

2262 N.W. 20th St.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FLA

City & State

Zip

33142

Country

U.S.A.

Zip

Country

4. FEI Number

65-0199428

Applied For

Not Applicable

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

Name

OCTAVIO ROMAN

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

2262 N.W. 20th St.

City

MIAMI - FLA

FL

Zip Code

33142

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

[Handwritten Signature: OCTAVIO ROMAN]

(NOTE: Registered Agent signature required when reinstating)

04/30/01

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 11 2000 Fee will be \$350.00
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	P. IBRAHIM ROMAN	<input type="checkbox"/> Delete
NAME	2262 N.W. 20th St.	
STREET ADDRESS	MIAMI - FLA 33142	
CITY-ST-ZIP		
TITLE	Y.P. OCTAVIO ROMAN	<input type="checkbox"/> Delete
NAME	2262 N.W. 20th St.	
STREET ADDRESS	MIAMI - FLA 33142	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

[Handwritten Signature: OCTAVIO ROMAN]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01

Date

Daytime Phone #

CR2E034 (9/99)