

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90048 011 ***150.00

DOCUMENT # P01000116041

1. Entity Name
RELIABLE FINANCIAL ENTERPRISES, INC.



Principal Place of Business
**6970 NORTHWEST 186TH STREET
SUITE 210
MIAMI, FL 33015**

Mailing Address
**6970 NORTHWEST 186TH STREET
SUITE 210
MIAMI, FL 33015**

2. Principal Place of Business

3. Mailing Address

P.O. Box 173701

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

Zip

Country

Zip

Country

33017

DADE



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1159625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132**

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
MATTHEWS, NORICE
6970 NORTHWEST 186TH STREET
MIAMI, FL 33015** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2003 954-430-3668

Date

Daytime Phone #

CR2E034 (10/02)

Attachment#

80114590

DOI000116041

RELIABLE FINANCIAL ENTERPRISES, INC.

P.O. BOX 173701

HAIALEAH, FL 33017

TO DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

To Whom It May Concern:

THIS IS JUST TO INFORM YOU THAT I DID NO RECEIVE MY UNIFORM
BUSINESS REPORT, SO PLEASE DO NOT CHARGE ANY LATE FEES

Thank you,


NORICE MATTHEWS.