

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

2/17

02-17-2003 90167 041 ***150.00

DOCUMENT # P02000020751

1. Entity Name
REBECA REBOREDO, P.A.



Principal Place of Business
**2625 EXECUTIVE PARK DRIVE
SUITE 5
WESTON FL 33331**

Mailing Address
**2625 EXECUTIVE PARK DRIVE
SUITE 5
WESTON FL 33331**



2. Principal Place of Business

2225 N. COMMERCE PKWY

3. Mailing Address

2225 N. COMMERCE PKWY

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

41-2029872

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**REBOREDO, REBECA
2625 EXECUTIVE PARK DRIVE
SUITE 5
WESTON FL 33331**

7. Name and Address of New Registered Agent

Name **REBOREDO, REBECA**

Street Address (P.O. Box Number is Not Acceptable)
2566 JARDIN WAY

City **WESTON**

FL

Zip Code **33327**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/4/03
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT, D.T.
STREET ADDRESS	REBECA REBOREDO
CITY-ST-ZIP	2566 JARDIN WAY WESTON, FL 33327
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP, S
STREET ADDRESS	GASTON REBOREDO
CITY-ST-ZIP	2566 JARDIN WAY WESTON, FL 33327
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **REQUIRE REBECA REBOREDO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 (954) 888-9771
Date Daytime Phone #

CR2E034 (10/02)