

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90097 046 \*\*\*150.00

0362025  
AV

**DOCUMENT # P02000048043**

**1. Entity Name**  
**REIZA ENTERPRISES, INC.**



**Principal Place of Business**  
**15921 SW 2ND STREET**  
**SUNRISE FL 33326**

**Mailing Address**  
**15921 SW 2ND STREET**  
**SUNRISE FL 33326**



**2. Principal Place of Business**

**3719 Woodfield Dr.**

**3. Mailing Address**

**3719 Woodfield Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

**City & State**  
**Coconut Creek, FL**

**City & State**  
**Coconut Creek, FL**

**4. FEI Number**  
**73-1641785**

Applied For

Not Applicable

**Zip**  
**33073**

**Country**

**Zip**  
**33073**

**Country**

**USA**

**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**

**NOFIL, JOSEPH K P.A.**  
**3284 NORTH STATE ROAD 7**  
**LAUDERDALE LAKES FL 33319**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PSTD**  
**PEREA, RENATO** ☐ Delete  
**15921 SW 2ND STREET**  
**SUNRISE FL 33326**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**Renato Perea - S.T.** ☒ Change ☐ Addition  
**3719 Woodfield Dr**  
**Coconut Creek, FL 33073**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**P.D** ☐ Change ☒ Addition  
**DARYL WOLF**  
**3719 WOODFIELD DRIVE**  
**COCONUT CREEK, FL 33073**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete

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

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☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

CR2E034 (10/02)

**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 OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #