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

## FILED Mar 31, 2003 8:00 am Secretary of State

03-10-2003 90117 022 \*\*\*150 00

Date

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DOCUMENT # P0200067357  1. Entity Name REETOF INC.								03-10-2003	9011 / 0.	22 ****.	130.00	
Principal Place of Business 11467 ORANGE BLOSSOM LN. BOCA RATON FL 33428				Mailing Address 11467 ORANGE BLOSSOM LN. BOCA RATON FL 33428						1 45 <b>1</b> 11		
2. Principal Place of Business				3. Mailing Address			1	:   <b>                                   </b>	HII <b>H</b> III III			
Suite, Apt. #, etc.				Suite, Apt, #, etc.			1	CHECK HERE IF MAKING CHANGES				
City & State			Cit	City & State			4.	4. FEI Number Applied Fi				•
Zip Country			Zip		Countr	у	5. Certificate of Status Desired S8.75 Additional Fee Required					
	and Address of Cur	rent Registe		7. Name and Address of New Registered Agent								
BUEAAFA	white of			Name								
RUTCOFSKY, BRYAN P					Ţ	Street Address (P.O. Box Number is Not Acceptable)						7
11467 ORANGE BLOSSOM LN								<del> </del>				4
BOCA RA	128				_							
						City		<u> </u>	FL	Zip Co	de	7
	named entity		ent for the pur	pose of changing its	s registered	office or registe	ered ag	gent, or both, in the State of Florid	ta. I am far	niliar with	, and accept	7
SIGNATURE .	Signature, typed	or printed name of registered	appent and title if as	noticable (NOT	E: Registered	Agent signature require	ed when n	einsteting)	DATE			
			<del></del>					T				-
Afte	r May 1, 200	II FEE IS \$150.00 D3 Fee will be \$550 o Florida Departme	.00		-	•		S. Election Campaign-Finan     Trust Fund Contribution.	icing		00 May Be d to Fees	
10.		<u> </u>	AND DIRECTO	DAS	11.		AD	DDITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	RS IN 11	1
TITLE	Р			☐ Delete	TITLE					Change	Addition	18
NAME		KY, BRYAN P	••		NAME			•		_ •		F034 /10/02
STREET ADDRESS 11476 ORANGE BLOSSOM LN. CITY-ST-ZIP BOCA RATON FL 33428			N.			ADDRESS						1 2
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indicated of the corp	on this report coration or the	t or supplemental repo	ort is true and empowered to	accurate and that need that need the execute this report	ny signatur as required	e shall have the	same i	119.07(3)(I), Florida Statutes. I ful egal effect as if made under out da Statutes; and that my name ap	that I am	an officer	or director	

CORE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: