

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

DOCUMENT # P02000096634

1. Entity Name
RELiance INVESTMENT CO, INC.



FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90294 027 ***150.00

Principal Place of Business
12651 S DIXIE HWY. #204
MIAMI FL 33156

Mailing Address
12651 S DIXIE HWY. #204
MIAMI FL 33156

2. Principal Place of Business
6480 SW 107 Street
Suite, Apt. #, etc.

3. Mailing Address
6480 SW 107 Street
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
03-0481164

Applied For
Not Applicable

Zip Country
33156 USA

Zip Country
33156 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEITMAN, LORN
7700 N KENDALL DR, #405
MIAMI FL 33156

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 **D** ☒ Delete
NAME **LEITMAN, LORN**
STREET ADDRESS **7700 N KENDALL DR #405**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ Delete
NAME **SOLER, JOAQUIN**
STREET ADDRESS **12651 S DIXIE HWY, #204**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ Delete
NAME **SOLER, AMNERY**
STREET ADDRESS **12651 S DIXIE HWY, #204**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P, S** ☒ Change ☒ Addition
NAME
STREET ADDRESS **6480 SW 107 Street**
CITY-ST-ZIP **Miami, FL 33156**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6480 SW 107 Street**
CITY-ST-ZIP **Miami, FL 33156**

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joaquin Soler

1-10-2003

(305)251-5256

Date

Daytime Phone #

CR2E034 (10/02)