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

## P02000098966 DOCUMENT #

1. Entity Name

RELIAMADE LINIT 1107 CORD

**FILED** Mar 06, 2003 8:00 am § Secretary of State

03-06-2003 90098 047 \*\*\*150.00

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Suite, Ap	ot. #, etc.	Suite, Apt.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State	City & State			4) FEI Number   Applied For   Not Applied Box   Not Applied Box			
Zip	Country	Zip	Со	untry		5. Certificate of Status		\$8.75 Ac	lot Applicable
	6. Name and Address of Curre	ent Registered Age	nt		~	7. Name and Address	of New Registered		eu
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	ES-RACINI, OSCAR PICKELL BAY DRIVE			Street Ac	d <u>dress</u> (P	O. Box Number is Not Ar	cceptable)	MIC	<u> 16</u>
SUITE 26							Blod -		
MIAMITEL					<u>0 (</u>	le 405	<u>.</u>		
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<ol><li>The above the obligation</li></ol>	re named entity submits this statemen ations of registered a pent.	it for the purpose of o	changing its registe	ered office or	registere	d agent, or both, in the S	tate of Florida. I am	familiar with	, and accept
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SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Registe	ered Agent signatur	re required w	hen reinstating)	03(03	<u>(0 5 </u>	
- G	FILE NOW!!! FEE IS \$150.00		(		in required w	vierreinstaurig)	DATE	<del></del>	
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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 the see 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 advances, with all other like efforts.

SIGNATURE

SIGNING OFFICER OR DIRECTOR