

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90099 039 ***150.00

DOCUMENT # P02000114903



1. Entity Name
REINER & REINER, P.A.

Principal Place of Business
**9601 SW 142 AVE.
SUITE 1119
MIAMI FL 33186**

Mailing Address
**9601 SW 142 AVE.
SUITE 1119
MIAMI FL 33186**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
9100 South Dadeland Blvd.

3. Mailing Address
9100 South Dadeland Blvd.

Suite, Apt. #, etc.
Suite 1408

Suite, Apt. #, etc.
Suite 1408

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
02-0650510

Applied For
 Not Applicable

Zip
33156-7816

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

**REINER II, DAVID P
9601 SW 142 AVE.
SUITE 1119
MIAMI FL 33186**

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 **David P. Reiner II** **3/10/03**
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 P	<input type="checkbox"/> Delete
NAME REINER, SAMUEL B	
STREET ADDRESS 8191 SW 90TH AVE	
CITY-ST-ZIP MIAMI FL 33173	
TITLE VP	<input type="checkbox"/> Delete
NAME REINER II, DAVID P	
STREET ADDRESS 9601 SW142 AVE #1119	
CITY-ST-ZIP MIAMI FL 33186	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **David P. Reiner** **3/10/03** **670-8282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)