

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90229 046 ***150.00

DOCUMENT # P93000058335

1. Entity Name

RELIABLE SPRINKLERS, INC.

Principal Place of Business

**7545 CUTLASS AVE.
 N BAY VILLAGE FL 33141**

Mailing Address

**7545 CUTLASS AVE.
 N BAY VILLAGE FL 33141**

2. Principal Place of Business

19741 NE 24 Ave.

3. Mailing Address

19741 NE 24 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Miami, FL 33180

City & State Miami, FL

Zip 33180 Country Dade

Zip 33180 Country Dade

4. FEI Number **65-0452635**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KNOERR, LINDA PA
 4894 N. PINE ISLAND RD
 FORT LAUDERDALE FL 33351.**

7. Name and Address of New Registered Agent

Name **The Law Office of Craig M. Dorn**
 Street Address (P.O. Box Number is Not Acceptable) **407 Lincoln Rd PHSE**
 City **Miami Beach** FL Zip Code **33139**

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.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D PUSHKIN, ROBERT L**
 STREET ADDRESS **19741 NE 24 AVE**
 CITY-ST-ZIP **MIAMI FL 33180**

TITLE ☐ Delete
 NAME **S PUSHKIN, KIMBERLY**
 STREET ADDRESS **19741 NE 24 AVE**
 CITY-ST-ZIP **MIAMI FL 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 (305) 866 9625

CR2E034 (9/01)