

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90018 009 ***150.00

DOCUMENT # P94000055415

1. Entity Name

RESTAURANT EQUIPMENT INSTALLATION, INC.

Principal Place of Business

Mailing Address

**718 SAVAGE COURT
 LONGWOOD FL 32750
 US**

**718 SAVAGE COURT
 LONGWOOD FL 32750
 US**

2. Principal Place of Business

3. Mailing Address

706 Savage Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Longwood, FL

Zip
32750

Country
USA

Zip

Country

4. FEI Number **59-3257879**

Applied For

Not Applicable

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

**MELIK, ALISA
 718 SAVAGE COURT
 LONGWOOD FL 32750**

Name

Street Address (P.O. Box Number is Not Acceptable)

706 Savage Court

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☐ Delete
 NAME **MELIK, ALISA**
 STREET ADDRESS **1456 BRIDLEBROOK COURT**
 CITY-ST-ZIP **CASSELBERRY FL**

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

TITLE ☐ Delete
 NAME **Treasurer**
 STREET ADDRESS **Asher Azon**
 CITY-ST-ZIP **1456 Bridlebrook Ct.
 Casselberry, FL 32707**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 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

Alisa Melik

Date

4/24/01

Daytime Phone #

407-331-8188

CR2E034 (10/00)