

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0496107 AV

03-31-2002 90348 010 ***150.00

DOCUMENT # P94000059281

1. Entity Name
LEONARD P. REINA LICENSED REAL ESTATE BROKER, IN C.

Principal Place of Business **Mailing Address**
~~500 5TH AVENUE, S~~ ~~500 5TH AVENUE, S~~
~~SUITE 502~~ ~~SUITE 502~~
NAPLES FL 34102 **NAPLES FL 34102**
US **US**

2. Principal Place of Business **3. Mailing Address**
255 8th St S **255 8th St S**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Zip Country Zip Country

4. FEI Number **65-0510297** **Applied For**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
 Not Applicable



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
REINA, LEONARD P
34102
SUITE 502
NAPLES FL 33940

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
255 8th St S
 City **Naples** **FL** Zip Code **34102**

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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00** **After May 1, 2002 Fee will be \$350.00** **10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**
 (See criteria on back) **Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS REINA, LEONARD P 500 5TH AVE, S SUITE 502 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REINA, LEONARD 500 5TH AVE, S SUITE 502 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 255 8th St S NAPLES FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 255 8th St S 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **1/10/2002 (941) 263-2059**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)