

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002851

1. Entity Name
RERO CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90050 007 ***150.00

Principal Place of Business
**4344 S.E. 3RD AVENUE
CAPE CORAL FL 33904**

Mailing Address
**%LYDIA THIERSMAN
1317 SE. 46 LN STE 207
CAPE CORAL FL 33904-8624**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
YO BRUCATO TAX CONSULTING INC
Suite, Apt. #, etc.
615 CAPE CORAL PKWY W 104
City & State
CAPE CORAL FL
Zip
33914

Country
LEE

4. FEI Number **65-0594649**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**THIERSMANN, LYDIA
1317 SE 46TH LANE
SUITE 207
CAPE CORAL FL 33904-8624**

7. Name and Address of New Registered Agent
Name
PHILIP BRUCATO
Street Address (P.O. Box Number is Not Acceptable)
615 CAPE CORAL PKWY W 104
City
CAPE CORAL **FL** Zip Code
33914

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 DATE **1/10/00**

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTZKUS, ROLF		NAME		
STREET ADDRESS	HECKENSTRASSE 119		STREET ADDRESS		
CITY-ST-ZIP	D-74736 HARDHEIM, GERMANY		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINTRAUD, MOTZKUS		NAME		
STREET ADDRESS	HECKENSTRASSE 119		STREET ADDRESS		
CITY-ST-ZIP	74736 HARDHEIM, GERMANY		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIERSMANN, LYDIA		NAME		
STREET ADDRESS	1317 SE 46TH LANE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **4-4-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)