## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P95000034802 Feb 03, 2000 8:00 am 1. Entity Name **Secretary of State** REIBACK INVESTMENTS, INC. 02-03-2000 90015 028 \*\*\*150.00 Mailing Address Principal Place of Business 3 GROVE ISLE DRIVE 3 GROVE ISLE DRIVE APT. 801 APT. 801 MIAMI FL 33133 MIAMI FL 33133-4117 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0586549 Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERGER, ADOLPH J. Street Address (P.O. Box Number is Not Acceptable) 3 GROVE ISLE DRIVE #801 **MIAMI FL 33133** Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE (S \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition Delete TITLE TITLE NAME BERGER, HELENE NAME STREET ADDRESS STREET ADDRESS 3 GROVE ISLE DRIVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** Change ☐ Addition TITLE □ Delete BERGER, ADOLPH J NAME NAME STREET ADDRESS STREET ADDRESS 3 GROVE ISLE DRIVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

SOUR ROLL BERVER, PLESMAN (V)

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR