

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077492

1. Entity Name

RELLO REALTY AND DEVELOPMENT, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90064 041 ***550.00

Principal Place of Business

6540 MELALEUCA ROAD
 FORT LAUDERDALE FL 33330

Mailing Address

6540 MELALEUCA ROAD
 FORT LAUDERDALE FL 33330-3831

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0679583

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

Name

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

City

FL

Zip Code

KLEIN, SHAMIRA ESQ.
 20803 BISCAYNE BLVD.
 SUITE 200
 AVENTURA FL 33180

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP SIEGEL, RONNIE 6540 MELALEUCA ROAD FORT LAUDERDALE FL 33330	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST OLLER, ROBERT 6450 MEALEUCA ROAD FORT LAUDERDALE FL 33330	<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

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

9/1/20 (954) 2235662

CR2E034 (9/99)

Attachment doc #
P95-0000 7749;
A0075660

LEVENSON, KATZIN & BALLOTTA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

**INSTRUCTIONS FOR FILING
UNIFORM BUSINESS REPORT**

STATE OF FLORIDA - 2000

CLIENT NAME: <u>RELLO REALTY AND DEVELOPMENT</u> DATE: <u>5/30/00</u>	
GENERAL	The following procedures are applicable to the return enclosed. Attached to this instruction sheet is the <u>COPY</u> for your files and records. If there are any questions, do not hesitate to contact us.
SIGNATURE	The return must be signed by either the President, Vice President, Secretary or Assistant Secretary, where indicated.
DUE DATE	UPON RECEIPT
NOTE	In signing these forms, the corporate officers are declaring that the return is <u>true and correct</u> , and that all Florida documentary stamp taxes required for the year have been paid.

PLEASE ENCLOSE YOUR CHECK FOR \$550.00 PAYABLE TO:

DEPARTMENT OF STATE

MAIL TO:

**DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500**

RECEIVED FROM YOU ON 5/30/00
DUE DATE 5/1/00. PAYMENT:
INCLUDES PENALTY OF \$400.00