

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90193 011 ***550.00

DOCUMENT # P96000013074

1. Entity Name
REPRO, INC.

Principal Place of Business

6995 N W 82ND AVENUE
 BAY 43
 MIAMI FL 33166
 US

Mailing Address

6995 N W 82ND AVENUE
 BAY 43
 MIAMI FL 33166
 US

2. Principal Place of Business

15462 NW 14 CT.
 Suite, Apt. #, etc.

3. Mailing Address

15462 NW 14 CT.
 Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

Zip

33028

Country

USA

Zip

33028

Country

USA

4. FEI Number

65-0642816

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLALONGA, TRINO
 21215 N E 9TH COURT
 #78-4
 NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name

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

15462 NW 14 COURT

City

PEMBROKE PINES

FL

Zip Code
 33028

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VILLALONGA, RAMON	
STREET ADDRESS	21215 N.E. 9TH COURT #78-4	
CITY-ST-ZIP	NORTH MIAMI FL 33179	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	VILLALONGA, ONDINA	
STREET ADDRESS	21215 N.E. 9TH COURT #78-4	
CITY-ST-ZIP	NORTH MIAMI FL 33179	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VILLALONGA, CARLOS	
STREET ADDRESS	21215 N.E. 9TH COURT #78-4	
CITY-ST-ZIP	NORTH MIAMI FL 33179	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VILLALONGA, TRINO	
STREET ADDRESS	21215 NE 9TH COURT #78-4	
CITY-ST-ZIP	N MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLALONGA, TRINO	
STREET ADDRESS	15462 NW 14 CT.	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Trino Villalonga
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/03/02
 Date

(954) 538-9019
 Daytime Phone #

CR2E034 (9/01)