

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052731

1. Entity Name

REASS CORPORATION

15875 DUE

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90094 008 ***158.75

Principal Place of Business

1208 W. NEWPORT CENTER CIRCLE
SUITE 202
DEERFIELD BEACH FL 33442

Mailing Address

1208 W. NEWPORT CENTER CIRCLE
SUITE 202
DEERFIELD BEACH FL 33442-7714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0727463

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BURNETT, SHELDON J
367 ALHAMRA CIR
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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 **P**
NAME **CHALHOUB, JEAN CLAUDE**
STREET ADDRESS **1208 W NEW PORT CENTER DR STE 202**
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

☐ Delete

TITLE **VP**
NAME **SWARTOUT, RONALD A**
STREET ADDRESS **1208 N NEW PORT CENTER DR STE 202**
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

☐ Delete

TITLE **S**
NAME **BURNETT, SHELDON K**
STREET ADDRESS **367 ALHAMBRA CIR**
CITY-ST-ZIP **CORAL GABLES GL 33134-5003**

☐ Delete

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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:

Ronald A. Swartout
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00
Date

Daytime Phone #

CR2E034 (9/99)