

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000104331

1. Entity Name

REED CONSULTING INTERNATIONAL, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90001 034 ***150.00

Principal Place of Business

Mailing Address

~~5805 BLUE LAGOON DRIVE~~
~~SUITE 310~~
~~MIAMI FL 33126~~

~~5805 BLUE LAGOON DRIVE~~
~~SUITE 310~~
~~MIAMI FL 33126~~

2. Principal Place of Business

3. Mailing Address

2742 BISCAYNE BLVD

2742 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

MIAMI FL

Zip 33137

Country DADE

Zip 33137

Country USA

4. FEI Number

65-0758059

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

REED, TENNYSON

~~5805 BLUE LAGOON DRIVE~~
~~SUITE 130~~
~~MIAMI FL 33126~~

Name

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

2742 BISCAYNE BLVD

City

MIAMI

FL

Zip Code

33137

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 | D | <input type="checkbox"/> Delete |
| NAME | REED, TENNYSON | |
| STREET ADDRESS | 5805 BLUE LAGOON DRIVE, SUITE 130 | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2742 BISCAYNE BLVD | |
| CITY-ST-ZIP | MIAMI FL 33137 | |
| 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 | | |
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| 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/2000

CR2E034 (9/99)