

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90026 044 ***150.00

DOCUMENT # P97000014798

1. Entity Name

REPELER, INC.

Principal Place of Business

Mailing Address

2162 HENLEY PL
WELLINGTON FL 33414
US

2162 HENLEY PL
WELLINGTON FL 33414-7768
US

2. Principal Place of Business

3. Mailing Address

46 SOMERSET TERRACE

46 SOMERSET TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM BEACH GARDENS FL

PALM BEACH GARDENS, FL

Zip 33418

Country

Zip 33418

Country

USA

4. FEI Number

65-0730692

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

FRIEDMAN, STEVEN
24 BERMUDA LAKE DR.
PALM BEACH GARDENS FL 33418

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	<input type="checkbox"/> Delete
NAME	ROBERT SAYRE	
STREET ADDRESS	2162 HENLEY PL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VP	<input type="checkbox"/> Delete
NAME	IRVING FRIEDMAN	
STREET ADDRESS	2800 SELKIRK RD	
CITY-ST-ZIP	BEACHWOOD OH 44122	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEVEN FRIEDMAN	
STREET ADDRESS	24 BERMUDA LK DR	
CITY-ST-ZIP	PALM BCH GDNS FL 33418	
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	46 SOMERSET TERRACE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	Irving Z. Friedman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	101 Banyan Isle Drive
CITY-ST-ZIP	Palm Beach Gardens, FL 33418
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	

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

Date

Daytime Phone #

CR2E034 (9/99)