

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90264 020 \*\*\*158.75

**DOCUMENT # P97000050043**

1. Entity Name  
**REPUBLIC EQUITIES CORP.**

Principal Place of Business

Mailing Address

~~4650 SW 51ST STREET~~  
~~#713~~  
~~DAVIE FL 33314~~

~~4650 SW 51ST STREET~~  
~~#713~~  
~~DAVIE FL 33314~~



2. Principal Place of Business

3. Mailing Address

**269 UNIVERSITY DR**

**269 UNIVERSITY DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Pembroke Pines FL**

**Pembroke Pines FL**

DO NOT WRITE IN THIS SPACE

**33024**

**FLORIDA**

**33024**

**FLORIDA**

4. FEI Number **65-0758147**

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

~~MEDINA, VINCENT~~  
~~4650 SW 51ST STREET~~  
~~#713~~  
~~DAVIE FL 33314~~

**DEANNA LANTZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**269 UNIVERSITY DR.**  
**Suite E**  
**Pembroke Pines FL 33024**

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 **DEANNA LANTZ** **D. Lantz** **4/26/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MEDINA, VINCENT</b>	
STREET ADDRESS	<b>4650 SW 51ST STREET #713</b>	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	
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	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VINCENT MEDINA</b>	
STREET ADDRESS	<b>269 UNIVERSITY DR #K</b>	
CITY-ST-ZIP	<b>Pembroke Pines, FL 33024</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**VINCENT MEDINA** **4/26/02** **802-1872**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)