

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90050 020 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000057177																																																																																							
1. Entity Name REEL INVESTMENTS INT'L, INC.																																																																																							
Principal Place of Business 1910 SW 116TH AVE. DAVIE FL 33325 US		Mailing Address 1910 SW 116TH AVE. DAVIE FL 33325 US																																																																																					
2. Principal Place of Business		3. Mailing Address																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																					
City & State		City & State																																																																																					
Zip	Country	Zip	Country																																																																																				
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																																																																																					
FORNOS, RICARDO 1910 SW 116TH AVE. DAVIE FL 33325		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <small>(See criteria on back)</small> <input checked="" type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees		4. FEI Number 65-0772935 <input type="checkbox"/> Applied For Not Applicable																																																																																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">11. OFFICERS AND DIRECTORS</th> <th colspan="2">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td>TITLE</td> <td>D <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FORNOS, RICARDO</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11041 NW 22ND STREET</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES FL 33026</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FORNOS, LUCY</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11041 NW 22ND STREET</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES FL 33026</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FORNOS, RICARDO	NAME		STREET ADDRESS	11041 NW 22ND STREET	STREET ADDRESS		CITY-ST-ZIP	PEMBROKE PINES FL 33026	CITY-ST-ZIP		TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FORNOS, LUCY	NAME		STREET ADDRESS	11041 NW 22ND STREET	STREET ADDRESS		CITY-ST-ZIP	PEMBROKE PINES FL 33026	CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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 I am empowered.																																																																																							

SIGNATURE: *Ricardo Fornos* **Pres. Ricardo Fornos** 3/9/02 954-457-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)