

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057965

1. Entity Name

FINANCIAL REIMBURSEMENT EXECUTIVES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90084 012 ***158.75

Principal Place of Business

2120 NE 207 STREET
NORTH MIAMI FL 33179
US

Mailing Address

2120 NE 207 STREET
NORTH MIAMI FL 33179-2234
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0764907

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIRE, BARBARA
7441 WAYNE AVE.
SUITE 9-R
MIAMI BEACH FL 33139

Name

Pire, Barbara

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

62 N.W. 109 Street

City

Miami Shores

FL

Zip Code

33168

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 PD
NAME PIRE, BARBARA
STREET ADDRESS 7441 WAYNE AVENUE, SUITE 9-R
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE PD
NAME Pire, Barbara
STREET ADDRESS 62 N.W. 109 ST.
CITY-ST-ZIP miami shores, FL 33168

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE PD
NAME Pestana-Rodriguez, Vicky
STREET ADDRESS 2120 NE 207 Street
CITY-ST-ZIP No. Miami Beach, FL 33179

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: Barbara Pire Barbara Pire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/21/00 (305) 769-9146
Daytime Phone #

CR2E034 (9/99)