

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084278

1. Entity Name

RELIANT VENTURES, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90044 022 ***158.75

Principal Place of Business

9304 SW 77TH AVE
C-3
MIAMI FL 33156

Mailing Address

9304 SW 77TH AVE
C-3
MIAMI FL 33156-7910

2. Principal Place of Business

8107 SW 203rd ST.
Suite, Apt. #, etc.

3. Mailing Address

8107 SW 203rd ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-3499029

Applied For

Not Applicable

Zip

33189

Country

USA

Zip

33189

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREMER, JOHN B
9304 SW 77TH AVE
C-3
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name GREMER John B.
Street Address (P.O. Box Number is Not Acceptable) 8107 SW 203rd ST
City MIAMI FL Zip Code 33189

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 John B. GREMER Pres 01/15/2000
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

TITLE	D	<input type="checkbox"/> Delete
NAME	GREMER, JOHN B.	
STREET ADDRESS	9304 SW 77TH AVE., C-3	
CITY-ST-ZIP	MIAMI FL 33156	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREMER John B.	Address chg
STREET ADDRESS	8107 SW 203 rd ST	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW GEORGINA M.	
STREET ADDRESS	8107 SW 203 rd ST	
CITY-ST-ZIP	MIAMI FL 33189	
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: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2000 786-2424054
Date Daytime Phone #

CR2E034 (9/99)