

2000 UNIFORM BUSINESS REPORT (UBR)

REJECTED

P97000109127

DOCUMENT # P97000109127

1. Entity Name

REKSAL CORPORATION

FILED

00 OCT -5 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
21031

Principal Place of Business

186 COMMODORE DRIVE
JUPITER FL 33477

Mailing Address

186 COMMODORE DRIVE
JUPITER FL 33477

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

25-1695838

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

KATZ, MURRAY L
186 COMMODORE DRIVE
JUPITER FL 33477

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME KATZ, MURRAY L
STREET ADDRESS 186 COMMODORE DRIVE
CITY- ST- ZIP JUPITER FL 33477

TITLE D
NAME KATZ, HARRIET L
STREET ADDRESS 186 COMMODORE DRIVE
CITY- ST- ZIP JUPITER FL 33477

TITLE D
NAME KATZ, N. STEVEN
STREET ADDRESS 9905 EAST SANSALVADORE DR.
CITY- ST- ZIP SCOTDALE AZ 85258

TITLE D
NAME KATZ, ALAN L
STREET ADDRESS 9905 EAST SANSALVADORE DR.
CITY- ST- ZIP SCOTDALE AZ 85258

TITLE D
NAME SYKES, JOCELYN
STREET ADDRESS 4113 COOPERFIELD DR.
CITY- ST- ZIP HARRISBURG PA 17112

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00

Date

Daytime Phone #

SP