

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015047

1. Entity Name

REC SUB II DEVELOPMENT, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90025 031 ***150.00

Principal Place of Business

Mailing Address

1500 N FEDERAL HWY
 SUITE 202
 FT LAUDERDALE FL 33304

1500 N FEDERAL HWY
 SUITE 202
 FT LAUDERDALE FL 33304-1432

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

65-0812309

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

COOK, RICHARD E
 2601 E. OAKLAND PARK BLVD.
 SUITE 604
 FT LAUDERDALE FL 33306

Name

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

1500 N. Federal Hwy. #202
 Ft. Lauderdale, FL Zip Code 33304

8. The above named entity affirms 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 ☐ Delete
 NAME D
 STREET ADDRESS COOK, RICHARD E
 CITY-ST-ZIP 2601 E. OAKLAND PARK BLVD. SUITE 604
 FT LAUDERDALE FL 33306

TITLE ☒ Change ☐ Addition
 NAME 1500 N. Federal Hwy #202
 STREET ADDRESS Ft. Lauderdale, FL 33304
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Cook

Date

Daytime Phone #

954-567-9358

CR2E034 (9/99)