

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042492

1. Entity Name

RECI LASER, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90088 013 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 141535
CORAL GABLES FL 33114
US

P.O. BOX 141535
CORAL GABLES FL 33114-1535
US

2. Principal Place of Business

3. Mailing Address

8249 NW 36th St.

P.O. Box 141535

Suite, Apt. #, etc.

Suite, Apt. #, etc.

107

City & State
MIAMI, FL

City & State
CORAL GABLES, FL

Zip
33166

Country
USA

Zip
33114-1535

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0834604

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

QUIROZ, JORGE
7701 CAMINO REAL #A-201
MIAMI FL 33143

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 \$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 P ☐ Delete
NAME RINCON, ROSALBA
STREET ADDRESS 7701 CAMINO REAL #A-201
CITY-ST-ZIP MIAMI FL 33143

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

TITLE V ☐ Delete
NAME QUIROZ, JORGE
STREET ADDRESS 7701 CAMINO REAL #A-201
CITY-ST-ZIP MIAMI FL 33143

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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

Date

Daytime Phone #

4/13/00 305-598-8795

CR2E034 (9/99)