

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000042492**

1. Entity Name

RECI LASER, INC.

Principal Place of Business

**8249 NW 36TH STREET
MIAMI FL 33166
US**

Mailing Address

**P.O. BOX 141535
CORAL GABLES FL 33114
US**

2. Principal Place of Business

2600 NW 97 Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

Zip

33172

Country

USA

Zip

Country

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

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

7. Name and Address of New Registered Agent

Name

Rincon, Rosalba

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

7701 CAMINO REAL # A-201

City

MIAMI**FL**

Zip Code

33143

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/01/019. 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	RINCON, ROSALBA	
STREET ADDRESS	7701 CAMINO REAL #A-201	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	QUIROZ, JORGE	
STREET ADDRESS	7701 CAMINO REAL #A-201	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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		<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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/01/01 305-436-5990**FILED
Mar 06, 2001 8:00 am
Secretary of State**

03-06-2001 90308 020 ***150.00

120129

DO NOT WRITE IN THIS SPACE

0140459

CR2E034 (10/00)