

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 23, 2000 8:00 am**
Secretary of State

05-23-2000 90223 023 ***150.00

DOCUMENT # P98000049599

1. Entity Name

REPRISE HOLDING CORPORATION

Principal Place of Business

2646 N E 188TH STREET
MIAMI FL 33180
US

Mailing Address

2646 N E 188TH STREET
MIAMI FL 33180-2626
US

2. Principal Place of Business

4650 SW 51st street

3. Mailing Address

4650 SW 51st street

Suite, Apt. #, etc.

Bay 713

Suite, Apt. #, etc.

Bay 713

City & State

Davie FL

City & State

Davie FL

Zip

33314

Country

USA

Zip

33314

Country

USA

4. FEI Number

65-0846360

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MEDINA, VINCENT
2656 N.E. 188TH ST.
MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name

MEDINA, VINCENT

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

4650 SW 51st street Bay 713

City Davie FL

FL

Zip Code 33314

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MEDINA, VINCENT**
STREET ADDRESS **2656 N.E. 188TH ST.**
CITY-ST-ZIP **MIAMI BEACH FL 33180**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **MEDINA VINCENT**
STREET ADDRESS **4650 SW 51st street Bay 713**
CITY-ST-ZIP **Davie FL 33314**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #

CR2E034 (9/99)