

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90388 038 \*\*\*150.00

DOCUMENT # **P98000050383**

1. Entity Name  
**R. E. K. WHOLESALE, INC.**



Principal Place of Business  
**3131 NW 101 PLACE  
MIAMI FL 33172**

Mailing Address  
**3131 NW 101 PLACE  
MIAMI FL 33172**



2. Principal Place of Business

**8349 NW 68 ST.**

3. Mailing Address

Suite, Apt. #, etc.  
**1-4 (305) 437-9838**

Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State

Zip  
**33166**

Country  
**Dade**

Zip

Country

4. FEI Number **65-0845043**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MALDONADO, ANTONIO D  
3131 NW 101 PL  
MIAMI FL 33126**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

*Vice President March 2003*  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MALDONADO, ANTONIO D</b>	
STREET ADDRESS	<b>3131 NW 101 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>MALDONADO, MARIA R</b>	
STREET ADDRESS	<b>3131 NW 101 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* - Vice President March 30, 2003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)