

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

City & State

Miami FL

4. FEI Number **65-0845043**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip **33166**

Country **Dade**

Zip

Country

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD	<input type="checkbox"/> Delete
NAME	MALDONADO, ANTONIO D	
STREET ADDRESS	3131 NW 101 PL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MALDONADO, MARIA R	
STREET ADDRESS	3131 NW 101 PL	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)