

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055856

1. Entity Name

REPEAT CONSULTING & VENTURE CAPITAL, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90045 032 ***150.00

Principal Place of Business

Mailing Address

THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33160

THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33131-1716



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

552 N. ISLAND DR.

3. Mailing Address

552 N ISLAND DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GOLDEN BEACH

City & State

GOLD BEACH

4. FEI Number

65-0849287

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ
THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33160

7. Name and Address of New Registered Agent

Name

Glenn H. Singer

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

552 NORTH ISLAND DRIVE

City

GOLDEN BEACH

FL

Zip Code

33160

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

2/02/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SINGER, GLENN H	
STREET ADDRESS	552 NORTH ISLAND DRIVE	
CITY-ST-ZIP	GOLDEN BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
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		
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
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/02/00 305-692-770

Date

Daytime Phone #