

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P98000055856**

1. Entity Name

REPEAT CONSULTING & VENTURE CAPITAL, INC.**FILED**
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90113 046 ***150.00

Principal Place of Business

552 N IILANO DR
MIAMI FL 33160

Mailing Address

552 N IILANO DR
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33160

2. Principal Place of Business

552 N. Island Drive

Suite, Apt. #, etc.

3. Mailing Address

552 N. Island Drive

Suite, Apt. #, etc.

City & State

Golden Beach

Zip

33160

Country

USA

City & State

Golden Beach FL

Zip

33160

Country

USA4. FEI Number **65-0849287**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ
552 N IILAND DR
MIAMI FL 33160

7. Name and Address of New Registered Agent

Name **Glenn Singer**

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

552 North Island DriveCity **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

3/5/019. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #

3/5/01 **305-612-7773**

0496021

CR2E034 (10/00)