

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000088230**

1. Entity Name

**Reibar, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**380 N.W. 85th PL**

3. Mailing Address

**"Same"**

Suite, Apt. #, etc.

**#10**

Suite, Apt. #, etc.

City & State

**Miami - Florida**

City & State

Zip

**33126**

Country

**Jade**

Zip

Country

4. FEI Number

**65-0893692**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Ona R. Reina**

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

**380 N.W. 85th PL #10**

City

**Miami**

**FL**

**33126**

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

*Ona R. Reina*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Ona R. Reina**  
**380 N.W. 85th PL. #10**  
**Miami, FL 33126**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D Villena Cinthia**  
**380 N.W. 85th PL. #10**  
**Miami, FL 33126**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ona R. Reina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

FILED

02 SEP -3 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-09/12/02--01008--033

\*\*\*\*150.00 \*\*\*\*150.00

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CR2E034B (12/01)

9/13/02

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **REIBAR, INC.**

Thank you for your courtesy in this matter.

  
\_\_\_\_\_  
**ANA R. REINA**  
**PRESIDENT**