

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007208

1. Entity Name

RELLIG, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-07-2000 90022 048 ***158.75

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

975 41st Street

3. Mailing Address

975 41st Street

Suite, Apt. #, etc.

Suite 401

Suite, Apt. #, etc.

Suite 401

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

65-0895147

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

7. Name and Address of New Registered Agent

Name

Norman M. Giller

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

975 41st Street

Suite 401

City

Miami Beach

FL

Zip Code

33140

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

5/30/00

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 NAME	D GILLER, NORMAN	<input type="checkbox"/> Delete
STREET ADDRESS	C/O 975 ARTHUR GODFREY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE NAME	D GROSSMAN, ANITA G	<input type="checkbox"/> Delete
STREET ADDRESS	C/O 975 ARTHUR GODFREY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE NAME	D GILLER, IRA	<input type="checkbox"/> Delete
STREET ADDRESS	C/O 975 ARTHUR GODFREY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN M. GILLER 6/8/00 305-538-6324

Date

Daytime Phone #