

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91179 050 ***150.00

DOCUMENT # P99000041589

1. Entity Name

Reliable Investment Corporation

Principal Place of Business Mailing Address

5307 S.W. 153 Ave. 5307 S.W. 153 Avenue

Miami, FL 33185 Miami, FL 33185

A0071685

2. Principal Place of Business 3. Mailing Address

15950 S.W. 66 Terrace 15950 S.W. 66 Terrace

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami, FL Miami, FL

Zip Country Zip Country

33193 U.S. 33193 U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

65-0918980 Not Applicable

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

☐ ☐

6. Name and Address of Current Registered Agent

Javier Suarez

9874 S.W. 27 Terrace

Miami, FL 33165-2642

7. Name and Address of New Registered Agent

Name

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

13948 S.W. 155 Terrace

City State Zip Code

Miami, FL 33177

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 PRESIDENT MICHAEL BEOVIDES 05/01/01

(NOTE: Registered Agent signature required when reinstating)

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 \$5.00 May Be Added to Fees

Trust Fund Contribution. ☐

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Beovides	NAME	
STREET ADDRESS	5307 S.W. 153 Avenue	STREET ADDRESS	15950 S.W. 66 Terrace
CITY-ST-ZIP	Miami, FL 33185	CITY-ST-ZIP	Miami, FL 33193
TITLE	CEOD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Javier Suarez	NAME	
STREET ADDRESS	9874 S.W. 27 Terrace	STREET ADDRESS	13948 S.W. 155 Terrace
CITY-ST-ZIP	Miami, FL 33165-2642	CITY-ST-ZIP	Miami, FL 33177
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.