

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055502

1. Entity Name

REPROD, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90072 024 ***150.00

Principal Place of Business

637 N.W. 12TH AVE.
 DEERFIELD BEACH FL 33442

Mailing Address

637 N.W. 12TH AVE.
 DEERFIELD BEACH FL 33442-1711

2. Principal Place of Business

14515 N.W. 60th ave.
 Suite, Apt. #, etc.

3. Mailing Address

2855B WEST McNab Rd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Lakes, FL

City & State

Pompano Beach, FL

4. FEI Number

65-0929367

Applied For

Not Applicable

Zip

33014

Country

U.S.A.

Zip

33069

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINES, KIM A ESQ
 STEEL HECTOR & DAVIS LLP
 1900 PHILLIPS POINT W. 777 S. FLAGLER DR.
 W. PLAM BEACH FL 33401

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AURAN, MITCHELL D 888 JEFFREY ST. BOCA RATON FL 33487	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRANK, JEFFREY H 637 N.W. 12TH AVE. DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUMBLE, RICHARD M 415 HIDDEN OAKS CT. MAHPOMEDI MN 55115	<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	CFO / Treasurer / D. Karst, Bradford 2855B W. McNab Rd. Pompano Beach, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - CEO TRANK, Jeffrey H. 2855B West McNab Rd. Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - President - Secretary Rumble, Richard M. 2855B WEST McNab Rd. Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Bradford Karst
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
 Date

951-984-1844
 Daytime Phone #

CR 11/14/99