

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90063 021 ***158.75

DOCUMENT # P99000070637

1. Entity Name

REPUBLIC REALTY INVESTMENTS CORP

Principal Place of Business

**5500 COLLINS AVE., APT. 1401
 MIAMI BEACH FL 33140**

Mailing Address

**5500 COLLINS AVE., APT. 1401
 MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

PO BOX 402283
 Suite, Apt. #, etc.

PO BOX 402283
 Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33140

Country

DADE

Zip

33140

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-8994070

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

EXPOSITO, SIGMUND

**5500 COLLINS AVE., APT. 1401
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name

Sigmund Exposito Sigmund

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

19333 COLLINS AVE #510

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] S. Exposito

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

(NOTE: Registered Agent signature required when reinstating)

4/17/02
 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, 2002 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 STREET ADDRESS CITY-ST-ZIP	PSD ESPOSITO, ANA J 5500 COLLINS AVE # 1401 MIAMI FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESPOSITO, SIGMUND 500 COLLINS AVE # 1401 MIAMI FL 33140	<input checked="" 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	PSD Exposito, ANA J PO BOX 402283 MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Exposito, Sigmund PO BOX 402283 MIAMI BEACH FL 33140	<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
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02
 Date

Daytime Phone #

CR2E034 (9/01)