

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102606

1. Entity Name

REFLECTIVE TECHNOLOGIES, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90045 030 \*\*\*150.00

Principal Place of Business

4521 PGA BLVD., #213  
PALM BEACH GARDENS FL 33410

Mailing Address

4521 PGA BLVD., #213  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

4747 Hollywood Blvd.  
Suite, Apt. #, etc.  
#205

3. Mailing Address

4747 Hollywood Blvd.  
Suite, Apt. #, etc.  
#205

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

65-0963439

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33021

Country

USA

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

THOMAS, DONALD J ESQ.  
C/O CARTER & THOMAS, LLP.  
1200 N. FEDERAL HWY, STE. 312  
BOCA RATON FL 33432

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 ☐ Delete  
NAME D  
STREET ADDRESS HENRIQUEZ, DEBORAH  
CITY-ST-ZIP 4521 PGA BLVD., #213  
PALM BEACH GARDENS FL 33410

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4747 Hollywood Blvd. #205  
CITY-ST-ZIP Hollywood, FL 33021

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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

DEBORAH HENRIQUEZ

Date

4-26-2000

Daytime Phone #

(561)352-6014

CR20014 (9/98)