

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S42269

1. Entity Name

REVA CORP. OF SOUTH FLORIDA

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90011 042 \*\*\*150.00

Principal Place of Business

Mailing Address

DAHOON AVENUE  
13  
COCONUT CREEK FL 33063

2556 DAHOON AVE  
COCONUT CREEK FL 33063-3836  
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0252851**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRONNER, JOHN H.  
2556 DAHOON AVENUE BOX 13  
COCONUT CREEK FL 33063

Name

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

City

**FL**

Zip Code

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
<input type="checkbox"/> Delete D GRONNER, JOHN H. 2556 DAHOON AVENUE COCONUT CREEK FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 furnished 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

John H. Gronner

2/17/2000

Date

954/984-0196

Daytime Phone #

CR2E034 (9/99)