

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S47880

1. Entity Name

REITER PUBLISHING, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90067 008 ***150.00

Principal Place of Business

1340 SW 160TH AVE.
STE. 264
FT. LAUDERDALE, FL 33326

new address

Mailing Address

1340 SW 160TH AVE.
STE. 264
FT. LAUDERDALE, FL 33326-1907

new address

2. Principal Place of Business

318 INDIAN TRACE

Suite, Apt. #, etc.
104

City & State
WESTON FLORIDA

Zip
33326

Country
USA

3. Mailing Address

318 INDIAN TRACE

Suite, Apt. #, etc.
104

City & State
WESTON FLORIDA

Zip
33326

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0266105

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REITER, SUSAN
1304 SW 160 TH AVE.
STE. 264
FT. LAUDERDALE FL 33326

new address

7. Name and Address of New Registered Agent

Name
SUSAN REITER

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

318 INDIAN TRACE #104

WESTON FLORIDA

City

FL

Zip Code

33326

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	REITER, SUSAN P.	
STREET ADDRESS	631 HERITAGE DR	
CITY-STATE-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/00

954-389-7866

CR2E034 (9/99)