

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S67695

1. Entity Name

THE REUNION NETWORK, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90191 027 ***150.00

Principal Place of Business 2450 HOLLYWOOD BLVD., #301 HOLLYWOOD FL 33020	Mailing Address 2450 HOLLYWOOD BLVD., #301 HOLLYWOOD FL 33020-6624
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0272689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEWAK, PAUL J. 500 THREE ISLANDS BLVD., #527 HALLANDALE FL 33009

7. Name and Address of New Registered Agent
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	SPIEWAK, JOAN
STREET ADDRESS	500 THREE ISLAND #527
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input type="checkbox"/> Delete
NAME	SPIEWAK, PAUL
STREET ADDRESS	500 THREE ISLANDS #527
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SPIEWAK, JOAN
STREET ADDRESS	500 THREE ISLANDS #527
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PAIS, ANDREW
STREET ADDRESS	8217 NW 70TH ST.
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	Date _____	Daytime Phone # _____
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CR2E034 (9/99)