2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90100 034 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # V63384

1. Entity Name
RELIABLE REPAIRS, INC.

Principal Place of Business	Mailing Address
12270 S.W. 117th Court Miami, FL 33186	12270 S.W. 117th Court Miami, FL 33186

2. Principal Place of Business		3. Mailing Address	
12270 SW 117th Court		12270 SW 117th Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL 33186		City & State: Miami, FL 33185	
Zip: 33186	Country: USA	Zip: 33186	Country: USA

4. FEI Number: 650354045 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Dale C. Glassford, Esq.
13888 S.W. 139 Court
Miami, FL 33186

7. Name and Address of New Registered Agent
Name: Martin J. Beguiristain, Esq.
Street Address (P.O. Box Number is Not Acceptable): 12062 S.W. 117th Court
City: Miami FL Zip Code: 33186

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 Martin J. Beguiristain [signature] 05/12/00
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD Connor, Leslie 12270 S.W. 117th Court Miami, FL 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT Connor, Seth 12270 S.W. 117th Court Miami, FL 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] Seth Connor [illegible]