## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 24, 2000 8:00 am Secretary of State **DOCUMENT # 552807** 01-24-2000 90066 048 \*\*\*150.00 REYES RECORDS, INC. Mailing Address Principal Place of Business 140 NW 22ND AVE 140 NW 22ND AVE MIAMI FL 33125-5242 MIAMI FL 33125 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1782991 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REYES, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 1103 S.W. 8 ST MIAMI FL Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. A 39 6 6 1 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME REYES, ENRIQUE STREET ADDRESS STREET ADDRESS 1401 SW 15TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change Addition NAME NAME REYES, LILIA E STREET ADDRESS STREET ADDRESS 1401 SW 15TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE NAME NAME REYES, LILIATE STREET ADDRESS STREET ADDRESS 1401 SW 15TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change □ Delete TITLE TITLE TD NAME REYES, ENRIQUE STREET ADDRESS STREET ADDRESS 1401 SW 15TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Oelete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 receive for 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.

FILED