

2002 UNIFORM BUSINESS REPORT (UBR)

0235218 AV

DOCUMENT # M15878

1. Entity Name
REY PIZZA CORP.

FILED
02 APR 19 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2300 CORAL WAY **2300 CORAL WAY**
SUITE 200 **SUITE 200**
MIAMI FL 33145 **MIAMI FL 33145**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

2300 Coral Way **2300 Coral Way**
Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite # 200 **Suite # 200**
City & State City & State

Miami, Florida **Miami, Florida**
Zip Zip Country Country

33145 **33145** **US** **US**

4. FEI Number **59-2530874** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

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 **AMADA CANTERA LOPEZ, President** **3/28/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	STD <input type="checkbox"/> Delete
NAME	RODRIGUEZ, RAMON A
STREET ADDRESS	1042 SW 9 ST
CITY-ST-ZIP	MIAMI FL
TITLE	STD <input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARGARITA C.
STREET ADDRESS	2908 WEST 3RD AVE.
CITY-ST-ZIP	HIALEAH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	200005315412--4
STREET ADDRESS	-04/22/02--01122--011
CITY-ST-ZIP	*****150.00 *****150.00
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: **3/28/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)