


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064354			
1. Entity Name REYES TILE SERVICE CO.			
Principal Place of Business 890 EAST 23 ST. HIALEAH, FL 33013		Mailing Address 662 E. 10 STREET HIALEAH, FL 33010 <i>890 E 23 ST HIALEAH, FL 33013</i>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1020720		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. CHECK HERE IF MAKING CHANGES	
5. Name and Address of Current Registered Agent REYES, MARINA 662 E. 10 STREET HIALEAH, FL 33010		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) <i>890 E 23 ST</i>	
		City <i>Hialeah</i> FL Zip Code <i>33013</i>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning.)</small> DATE			
FILE MONTHLY FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP REYES, MARINA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	<i>662 E. 10 STREET</i>	STREET ADDRESS	<i>890 E 23 ST</i>
CITY-ST-ZIP	<i>HIALEAH, FL 33010</i>	CITY-ST-ZIP	<i>HIALEAH, FL 33013</i>
TITLE	VP REYES, WILMER <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	<i>662 E. 10 STREET</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>HIALEAH, FL 33010</i>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Marina Reyes</i>		5/7/03 305-775-5982	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2EC34 (10/02)

Attachment

90134926

May 6, 2003

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Reyes Tile Service Co.
Doc. # P00000064354

Sirs:

Please be advised that I did not receive my annual UBR for 2003, therefore I just realized and called and was advised that I could send it in with a letter advising you that I had not received it.

Please accept the renewal payment and note the change of address and other changes in the form.

Respectfully,



Marina Reyes, Pres.
890 E 23 Street
Hialeah, Fl. 33013