

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90124 030 ***150.00

00000421



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000068062

1. Entity Name
REYSE CORPORATION

Principal Place of Business: 5525 SW 3 STREET, MIAMI FL 33134
 Mailing Address: 5525 SW 3 STREET, MIAMI FL 33134-1021

2. Principal Place of Business: **5525 S.W 3 ST.**
 3. Mailing Address: Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State: **MIAMI FLORIDA**
 City & State: 4. FEI Number: **65-0949709**
 Applied For: Not Applicable

Zip: **33134** Country: **MIAMI-DADR**
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
RAMIREZ, MARIA E
5525 SW 3 STREET
MIAMI FL 33134

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 _____
 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, 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

TITLE: PRESIDENT DIRECTOR <input type="checkbox"/> Delete	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARIA E. RAMIREZ	NAME: _____
STREET ADDRESS: 5525 S.W 3 STREET	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: _____
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. 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: _____

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: **MARIA E RAMIREZ** **1/14/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)