FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90066 004 ***150.00

DOCUMENT # P99000082162

1. Entity Name
REYMANA CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2741 WEST FLAGLER STREET
Suite, Apt. #, etc.
City & State: MIAMI/FLORIDA
Zip: 33135 Country:

3. Mailing Address
2741 WEST FLAGLER STREET
Suite, Apt. #, etc.
City & State: MIAMI/FLORIDA
Zip: 33135 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0948542 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: GONZALEZ, MAURICIO A.
Street Address (P.O. Box Number is Not Acceptable)
3475 S.W 139TH AVE.
City: MIAMI **FL** Zip Code: 33176

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: Mauricio A. Gonzalez 02/18/02
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. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PTD
NAME	GONZALEZ, MAURICIO A.
STREET ADDRESS	3475 S.W 139TH AVE.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VPSD
NAME	GONZALEZ, ANA
STREET ADDRESS	3475 S.W 139TH AVE.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mauricio A. Gonzalez 2/18/02 (305) 643-0304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #