

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 596272

1. Entity Name
WILLIAM REY ENTERPRISES, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90118 007 ***158.75

Principal Place of Business

9538 HARDING AVE
SURFSIDE FL 33154

Mailing Address

9538
9465 HARDING AVE
SURFSIDE FL 33154-2502
US

2. Principal Place of Business

9538 HARDING AVE

Suite, Apt. #, etc.

SURFSIDE

City & State

FLORIDA

Zip

33154

Country

USA

3. Mailing Address

9538 HARDING AVE

Suite, Apt. #, etc.

SURFSIDE

City & State

FLORIDA

Zip

33154

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1905026

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REY, EVELYN
1080 STILLWATER ST.
MIAMI BCH. FL 33141

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. (See criteria on back)

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	PD	<input type="checkbox"/> Delete
NAME	REY, WILLIAM	
STREET ADDRESS	1080 STILLWATER DR	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	REY, EVELYN	
STREET ADDRESS	1080 STILLWATER DR.	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
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		
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:

WILLIAM REY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/2000 305 8646451

Daytime Phone #

CR2E034 (9/99)