

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
NAME REY, WILLIAM
STREET ADDRESS 1080 STILLWATER DR
CITY-ST-ZIP MIAMI BEACH, FL 33141

☐ Delete

TITLE D
NAME REY, EVELYN
STREET ADDRESS 1080 STILLWATER DR.
CITY-ST-ZIP MIAMI BEACH, FL 33141

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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

3/1/2000 305 8646451
Date Daytime Phone #

CR2E034 (9/99)