

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90212 040 ***150.00

DOCUMENT # 650806

1. Entity Name
ORLANDO & AURELIA REYES P.A.

Principal Place of Business

**4011 W. FLAGLER ST.
 #504
 MIAMI FL 33134-1643**

Mailing Address

**4011 W. FLAGLER ST.
 #504
 MIAMI FL 33134-1643**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8370 W. Flagler St
 Suite, Apt. #, etc. 220**

3. Mailing Address

**8370 W. Flagler St
 Suite, Apt. #, etc. 220**

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-2012125

Applied For

Not Applicable

Zip

33144

Country

USA

Zip

33144

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**REYES, ORLANDO E.
 4011 W FLAGLER ST #504
 MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name **Orlando E Reyes**
 Street Address (P.O. Box Number is Not Acceptable) **8370 W. Flagler St #220**
 City **MIAMI** FL Zip Code **33144**

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)

4/24/02
 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, 2002 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 ☐ Delete
 NAME **PD REYES, ORLANDO E.**
 STREET ADDRESS **4011 W.FLAGLER ST.#504**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME **ST REYES, LOURDES**
 STREET ADDRESS **4011 W FLAGLER ST #504**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **Reyes, Orlando**
 STREET ADDRESS **8370 W. Flagler St #220**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☒ Change ☐ Addition
 NAME **ST Reyes, Lourdes**
 STREET ADDRESS **8370 W. Flagler St #220**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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, and am 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Orlando E Reyes
 President**

4/24/02

Daytime Phone #

305 226 8893

CR2E034 (9/01)