

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90212 039 ***150.00

DOCUMENT # H87310

1. Entity Name
ORLANDO E. REYES, P.A.

Principal Place of Business

4011 W. FLAGLER STREET
SUITE 504
MIAMI FL 33134

Mailing Address

4011 W. FLAGLER STREET
SUITE 504
MIAMI FL 33134

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

59-2604471

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 STREET
SUITE 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 of Orlando E. Reyes)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/02

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 **PD** ☐ Delete
NAME **REYES, ORLANDO E.**
STREET ADDRESS **4351 S.W. 146TH CT.**
CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **ORLANDO E REYES**
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

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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 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:

(Signature of Orlando E. Reyes)
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Orlando E Reyes
President

4/26/02 305-221-8893
 Date Daytime Phone #

0323961 AV

CR2E034 (9/01)