FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 01, 2002 8:00 am DOCUMENT # K65415 Secretary of State 1. Entity Name 02-01-2002 90063 023 \*\*\*150.00 REYTO, CORP. Principal Place of Business Mailing Address 6440 SW 4TH ST 6440 SW 4TH ST MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0186763 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1. FANDINO FANDINO, RENOLDO Street Address (P.O. Box Number is Not Acceptable) 6440 SW 4TH ST 6440 SW 451 MIAMI FL 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Addition TITLE ☐ Delete TITLE FANDINO, YILIAM NAME NAME 6440 SW 4TH ST STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ADRIEL FANDING FANDINO, JESUS NAME NAME 6440 SW 45T 6440 SW 4TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, El. 33144-3704 CITY-ST-7IP MIAMI FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME FANDING, LEILANI STREET ADDRESS STREET ADDRESS 6440 SW 4TH ST CITY-ST-ZIP CITY-ST-ZIP1 **MIAMI FL 33144** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 2 . 2452 F. ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/15/02 (315) 995-3045