FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90881 005 ***158.75

DOCUMENT # L24628

1. Entity Name
REYDEN ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
610 C West 18th Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, Fl. 33010	City & State
Zip: 33010 Country:	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0149492 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DENIA P. REYNES

Street Address (P.O. Box Number is Not Acceptable): 336 West 16th Street

City: Hialeah **FL** Zip Code: 33010

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: Denia Reynes 04/29/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	T/P/D
NAME	DENIA P. REYNES
STREET ADDRESS	336 West 16th Street
CITY-ST-ZIP	Hialeah, Fl 33010
TITLE	VP
NAME	GERTRUDIS MELENDEZ
STREET ADDRESS	336 West 16 Street
CITY-ST-ZIP	Hialeah, Fl. 33010
TITLE	S
NAME	DIANE M. REYNES
STREET ADDRESS	336 West 16th Street
CITY-ST-ZIP	Hialeah, Fl. 33010
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Denia Reynes 04/29/02 305-888-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #