

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90170 021 ***150.00

DOCUMENT # P00000064205

1. Entity Name
REY PRODUCTIONS, INC.

Principal Place of Business

**350 - 75 STREET, #21
MIAMI BEACH FL 33141**

Mailing Address

**350 - 75 STREET, #21
MIAMI BEACH FL 33141**

2. Principal Place of Business

6535 ABBOT AVENUE

3. Mailing Address

6535 ABBOT AVENUE

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

MIAMI BEACH

City & State

MIAMI BEACH

Zip

33141

Country

Zip

33141

Country

4. FEI Number

APPLIED

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, PAMELA
350 - 75 STREET, #21
MIAMI BEACH FL 33141**

Name

FUENTES, REINALDO

Street Address (P.O. Box Number is Not Acceptable)

6535 ABBOT AVENUE #4

City

MIAMI BEACH

FL

Zip Code

33141

7. Name and Address of New Registered Agent

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]**
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, 2001 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 **FUENTES, REINALDO**
STREET ADDRESS **350 - 75 STREET, #21**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **SD** ☒ Delete
NAME **PEREZ, PAMELA**
STREET ADDRESS **350 - 75 STREET, #21**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

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 **FUENTES, REINALDO**
STREET ADDRESS **6535 ABBOT AVENUE #4**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

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

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

TITLE ☐ Change ☐ Addition
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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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/00

Daytime Phone #

305-867-3766

CR2E034 (10/00)