

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90189 047 ***150.00

DOCUMENT # P00000064354**1. Entity Name**
REYES TILE SERVICE CO.**Principal Place of Business****552 E. 10 STREET**
HIALEAH FL 33010**Mailing Address****552 E. 10 STREET**
HIALEAH FL 33010**2. Principal Place of Business****890 E 23 ST.****3. Mailing Address**

Suite, Apt. #, etc.

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City & State**Hialeah, Fl.****City & State****Zip****Country****33013****Zip****Country****4. FEI Number 65-1020720****Applied For****Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****REYES, MARINA**
552 E. 10 STREET
HIALEAH FL 33010**Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code****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, 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, 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** **DP** ☐ Delete
NAME **REYES, MARINA**
STREET ADDRESS **552 E. 10 STREET**
CITY-ST-ZIP **HIALEAH FL 33010****TITLE** **VP** ☐ Delete
NAME **REYES, WILMER**
STREET ADDRESS **552 E. 10 STREET**
CITY-ST-ZIP **HIALEAH FL 33010****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****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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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:***Marina Reyes* **MARINA REYES** 4/26/02 305-691-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)