

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**  
 05-03-2002 90041 014 \*\*\*150.00

**DOCUMENT # P00000072960**

1. Entity Name  
**REYLEX INC.**

Principal Place of Business  
**6705 SW 88TH ST #311**  
**MIAMI FL 33156**

Mailing Address  
**6705 SW 88TH ST #311**  
**MIAMI FL 33156**

2. Principal Place of Business  
**5826 SW 113 PL**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State

4. FEI Number **67-1056752**

Applied For  
 Not Applicable

Zip **33178** Country **MIAMI Dade**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, REYNALDO**  
**4532 NW 114TH AVENUE #1905**  
**MIAMI FL 33178**

VOID

Name **Carlos A. Labeau**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5826 SW 113 PL**  
 City **MIAMI** FL Zip Code **33178**

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 **4/19/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TSD** ☐ Delete  
 NAME **ABREU, ERNESTO**  
 STREET ADDRESS **6705 SW 88TH ST #311**  
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **Atty** ☐ Change ☐ Addition  
 NAME **Carlos A. Labeau**  
 STREET ADDRESS **5826 SW 113 PL**  
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-1702**

CR2E034 (9/01)