

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91900 033 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PC0000084739

1. Entity Name
REIMS & ASSOCIATES CORP

80112260

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6195 Laurel Lane
Suite, Apt. #, etc.

3. Mailing Address
6195 Laurel Lane
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tamarac, FL

City & State
Tamarac, FL

4. FEI Number
65-1035088

Applied For
Not Applicable

Zip
33319

Country
Miami-Dade

Zip
33319

Country
Miami-Dade

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
Oscar R. Aguilar

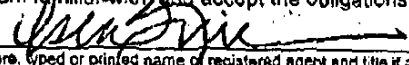
Street Address (P.O. Box Number is Not Acceptable)
1260 SW 142nd Court

City
Miami

State
FL

Zip Code
33184

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
4/30/2003

January 1 - May 1 Fee is \$180.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be Trust Fund Contribution. - Added to Fees

10. OFFICERS AND DIRECTORS

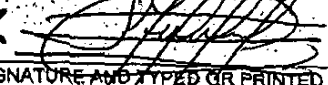
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORALES, MARCO A. 6195 Laurel Lane "D" Tamarac, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, YUMERLIS 6195 Laurel Lane "D" Tamarac, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

SIGN HERE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
4/30/2003

Daytime Phone #