

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90144 047 ***150.00

DOCUMENT # P60000091805
1. Entity Name
J.E. REYNA REPORTING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
607 N 31st Rd
Suite, Apt. #, etc.

3. Mailing Address
607 N 31st Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hollywood FL

City & State
Hollywood FL

Zip
33021 Country
USA

Zip
33021 Country
USA

4. FEI Number
65-1045527 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
REYNA, JAN

Street Address (P.O. Box Number is Not Acceptable)
607 N. 31st Rd

City
Hollywood **FL** Zip Code
33021

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

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>DP REYNA, JAN 607 N 31st Rd Hollywood FL 33021</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: [Signature] 4-25-03 954 96 488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #