

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90033 028 ***150.00

DOCUMENT # P00000100028

1. Entity Name
REYNA TILE & MARBLE, INC.



Principal Place of Business
**4868 SPRINGFIELD DR
WEST PALM BEACH FL 33415**

Mailing Address
**4868 SPRINGFIELD DR
WEST PALM BEACH FL 33415**



2. Principal Place of Business

4308 FOREST LANE

Suite, Apt. #, etc.

APT C

City & State

LAKE WORTH

Zip

33463

Country

3. Mailing Address

4308 FOREST LANE

Suite, Apt. #, etc.

APT C

City & State

LAKE WORTH

Zip

33463

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1058773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, JOSE L

4868 SPRINGFIELD DR

WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name

JOSE L. HERNANDEZ

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

4308 FOREST LANE APT C

City

LAKE WORTH

FL

Zip Code

33463

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/07/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **HERNANDEZ, JOSE L**
STREET ADDRESS **4868 SPRINGFIELD DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **VP** ☒ Delete
NAME **REAL, JORGE**
STREET ADDRESS **4868 SPRINGFIELD DR. N.**
CITY-ST-ZIP **W. PALM BEACH FL 33415**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
NAME **HERNANDEZ JOSE L.**
STREET ADDRESS **4308 FOREST LANE APT C**
CITY-ST-ZIP **LAKE WORTH FL 33463**

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

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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/03 561-502-4679

Date Daytime Phone #

CR2E034 (10/02)