1/17

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000106308 1. Entity Name REYES-HERNANDEZ TRANSPORTATION, INC.					Secretary of State 01-17-2001 90002 009 ***150.00		
1	ce of Business EST 9TH AVENUE 9	Mailing Address 2503 SOUTHWEST 9TH AV MIAMI FL 33129	503 SOUTHWEST 9TH AVENUE				
2. Principal P	Place of Business 40 QVC.	3. Malling Address 2503 SW	9th ave		DO NOT WRITE IN	THIS SPACE	
City & Stat		City & State	mi, FL		FEI Number 1054520	- Applied For]
32/c	29 Country 21.5.G	zip 33/29	Country		Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Regulred	1
	6. Name and Address of Currer	nt Registered Agent		<u> </u>	Name and Address of New Regist		-
	LAW OFFICES OF GEORGE M.		Name			•	
. 2100	Street A	Street Address (P.O. Box Number is Not Acceptable)					
	re 1040 Ral Gables FL 33134		City			FL Zip Code	-
B. The above	named entity submits this statement	for the purpose of changing its	registered office o	r registered an	nent or both. In the State of Florida.	<u> </u>	1
SIGNATURE .	Signature, typed or printed name of registered age	<u> </u>	E: Hegistered Agent signer			DATE	
B. This seems			······				┨
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Str		10. Election Campaign Financin Trust Fund Contribution	\$5.00 May Be Added to Fees	
11,	OFFICERS AN	D DIRECTORS	12.		DITIONS/CHANGES TO OFFICERS		1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST REYES-HERNANDEZ, MANUEL 2503 SOUTHWEST 9TH AVENU MIAMI FL 33129	□ Delete JE .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miri	istrator an Domingu sw 38 ave. N	Change StAddition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES-HERNANDEZ, MANUEL 2503 SOUTHWEST 9TH AVENU MIAMI FL 33129	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change ☐ Addition	CR2
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
indicated of the corr changed,	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address.	Is true and accurate and that mo cowered to execute this report	ny signature shall h	ave the same	legal effect as if made under oath; Il ida Statutes; and that my name appe	hat I am an officer or director	

Daytime Phone #