

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90070 031 ***158.75

DOCUMENT # P00000106308

1. Entity Name
REYES-HERNANDEZ TRANSPORTATION, INC.

Principal Place of Business
**2503 SOUTHWEST 9TH AVENUE
MIAMI FL 33129**

Mailing Address
**2503 SOUTHWEST 9TH AVENUE
MIAMI FL 33129**

2. Principal Place of Business
28 N.E. 29TH STREET
Suite, Apt. #, etc. **1**

3. Mailing Address
SAME
Suite, Apt. #, etc. **SAME**

City & State
MIAMI, FLORIDA
Zip **33137** Country **U.S.A.**

City & State
SAME
Zip **SAME** Country **SAME**

4. FEI Number **65-1056520**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**THE LAW OFFICES OF GEORGE M. EVANS, P.A.
2100 PONCE DE LEON BOULEVARD
SUITE 1040
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

1/22/02
DATE

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

TITLE **PVST** ☐ Delete
NAME **REYES-HERNANDEZ, MANUEL**
STREET ADDRESS **2503 SOUTHWEST 9TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **D** ☐ Delete
NAME **REYES-HERNANDEZ, MANUEL**
STREET ADDRESS **2503 SOUTHWEST 9TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **A** ☒ Delete
NAME **DOMINGUEZ, MIRIAN**
STREET ADDRESS **2808 SW 38 AVE**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 duly empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02 (305) 576-7371
Date Daytime Phone #

CR2E034 (9/01)