

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115480

1. Entity Name

REYES PROPERTY CARE, INC.

Principal Place of Business

2901 DARTMOUTH AVENUE NORTH  
SAINT PETERSBURG FL 33713

Mailing Address

2901 DARTMOUTH AVENUE NORTH  
SAINT PETERSBURG FL 33713

2. Principal Place of Business

ST. Petersburg FL

3. Mailing Address

2901 Dartmouth Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2901 Dartmouth Ave N.

City & State

City & State

ST. Petersburg FL

ST Petersburg FL

Zip

Country

Zip

Country

33713

USA

33713

USA

4. FFL Number

59-3887414

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Armando Reyes

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

2901 Dartmouth Ave No.

City ST Petersburg

FL

Zip Code 33713

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

Armando Reyes

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-22-01

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, 2001 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 PSTD  
NAME REYES, ARMANDO R  
STREET ADDRESS 2901 DARTMOUTH AVENUE NORTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33713

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

Armando Reyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-01



DO NOT WRITE IN THIS SPACE

0009224

CR2E034 (10/00)