2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 22, 2002 8:00 am § P01000022137 **DOCUMENT #** Secretary of State 1. Entity Name REYMA INTERNATIONAL, INC. 03-22-2002 90039 013 ***150.00 Principal Place of Business Mailing Address 7915 SW 104 ST STE G-101 7915 SW 104 ST STE G-101 MIAMI FL 33156-3657 MIAMI FL 33156-3657 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 465-1079127 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIVERA, FRANK T Street Address (P.O. Box Number is Not Acceptable) 7915 SW 104 ST STE G-101 MIAMI FL 33156-3657 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BP DV Change ☐ Addition Delete TITLE TITLE MAYNÜLET, ROLAND W NAME. NAME 7915 SW 104 ST STE G-101 STREET ADDRESS STREET ADDRESS MIAMI FL 33156-3657 CITY-ST-ZIP CITY-ST-ZIP Change □ Addition Delete TITLE REYES RAMOS, JESUS A NAME 7915 SW 104 ST STE G-101 STREET ADDRESS STREET ADDRESS MIAMI FL 33156-3657 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition RIVERA, FRANK T NAME STREET ADDRESS 7915 SW 104 ST STE G-101 STREET ADDRESS MIAMI FL 33156-3657 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE RANCISARIVERA NAME NAME 915 SW 104 ST STREET ADDRESS STREET ADDRESS FL 33156 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 poort 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 bis report agreequired 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.

FILED

Daytime Phone #