

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90121 039 ***150.00

DOCUMENT # P01000025813

1. Entity Name

JOSEPH R. REYES, INC.

Principal Place of Business

**18110 S.W. 142ND COURT
 MIAMI FL 33177**

Mailing Address

**18110 S.W. 142ND COURT
 MIAMI FL 33177**

2. Principal Place of Business

18500 S.W. 207 AVE

3. Mailing Address

18500 S.W. 207 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33187

Country

DADE

Zip

33187

Country

DADE

4. FEI Number

65-1102253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

REYES, JOSEPH R

18110 S.W. 142ND COURT

MIAMI FL 33177

7. Name and Address of New Registered Agent

Name **Reyes, Joseph R**

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

18500 S.W. 207 AVE

City

MIAMI

FL

Zip Code

33187

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

Joseph R Reyes **Joseph R Reyes**

3/6/02

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

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	REYES, JOSEPH R	
STREET ADDRESS	18110 S.W. 142ND COURT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REYES, REBECA	
STREET ADDRESS	18110 S.W. 142ND COURT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reyes, Joseph R	
STREET ADDRESS	18500 S.W. 207 AVE	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reyes, REBECA	
STREET ADDRESS	18500 S.W. 207 AVE	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

Joseph R Reyes **Joseph R Reyes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02 305-969-5043

Date

Daytime Phone #

CR2E034 (9/01)