

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90208 047 ***150.00

DOCUMENT # P01000051198

1. Entity Name

JOSE REYES INVESTMENTS, INC.



Principal Place of Business

**12695 NE 4TH AVE
NORTH MIAMI FL 33168**

Mailing Address

**12695 NE 4TH AVE
NORTH MIAMI FL 33168**

2. Principal Place of Business

12695 n.e 4th ave

Suite, Apt. #, etc.

HOME

3. Mailing Address

North miami,fla.33161

Suite, Apt. #, etc.

HOME

City & State

north miami,fla,33161

City & State

north miami,fla.33161

Zip

33161

Country

DADE

Zip

33161

Country

DADE

4. FEI Number

65-1105503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

90009013



6. Name and Address of Current Registered Agent

REYES, JOSE

12695 NE 4TH AVE

NORTH MIAMI FL 33168

7. Name and Address of New Registered Agent

Name

N/A

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V ☐ Delete
REYES, CALLSHAM
12695 NE 4TH BLVD
MIAMI FL 33168

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED REYES

Date

Daytime Phone #

1-20-03

CR2E034 (10/02)