2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

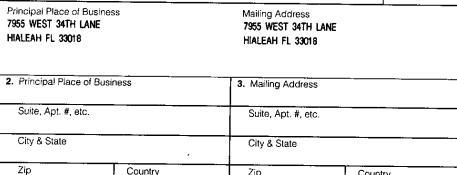
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FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90116 016 ***150.00

DOCUMENT # I. Entity Name REVERSOS INC.	P01000080466	
		GO WE



Zip



☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-1129816 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent Zip Code

VASQUEZ, ARMANDO Street Address (P.O. Box Number is Not Acceptable) 7955 WEST 34TH LANE HIALEAH FL 33018 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. I am familiar with, and accept the obligations of registered agent.

Country

Name

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

SIGNATURE

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing **\$5.00** May Be

Make Chec	k Payable to Florida Department of State			Added to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VASQUEZ, ARMANDO 7955 WEST 34TH LANE HIALEAH FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	SD VASQUEZ, NUR M 7955 WEST 34TH LANE HIALEAH FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, FRANCISCO J 7955 WEST 34TH LANE HIALEAH FL 33018	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS - CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.

Daytime Phone #