

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91731 012 \*\*\*150.00

**DOCUMENT # P01000107841**

1. Entity Name  
**PARK, INC. USA**

Principal Place of Business  
**3138 COMMODORE PLAZA  
 SUITE 304  
 COCONUT GROVE FL 33133**

Mailing Address  
**555 N.E. 123RD ST.  
 UNIT 304  
 NORTH MIAMI FL 33161**

2. Principal Place of Business  
**3110 COMMODORE PLAZA**  
 Suite, Apt. #, etc.

3. Mailing Address  
**555 NE 123RD ST.**  
 Suite, Apt. #, etc.  
**Unit 304**

City & State  
**COCONUT GROVE FL 33133**

City & State  
**N. MIAMI, FLORIDA**

4. FEI Number  
**75-3032434**

Applied For  
 Not Applicable

Zip  
**33133** Country  
**MIAMI-DADE**

Zip  
**33161** Country  
**MIAMI-DADE**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**REYES, RUDY S  
 555 N.E. 123RD ST.  
 UNIT 304  
 NORTH MIAMI FL 33161**

## 7. Name and Address of New Registered Agent

Name **(SAME)**  
 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.

SIGNATURE  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 **P** ☐ Delete  
 NAME **REYES, ROWENA V**  
 STREET ADDRESS **555 N.E. 123RD ST., UNIT 304**  
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE **D** ☐ Delete  
 NAME **REYES, RUDY S** (Secretary - Treasurer / Reg. Agent)  
 STREET ADDRESS **555 N.E. 123RD ST., UNIT 304**  
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **N/A**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:  SIGNATURE REQUIRED (NOTE: PARK, INC. USA, commenced operation in January, 2002.) 5/1/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)