

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-12-2003 90088 032 \*\*\*158.75

0086679 AV

**DOCUMENT # P02000026654**

1. Entity Name

REYES CLEANING SERVICE INC.



Principal Place of Business

6872 SW 158TH CT.  
MIAMI FL 33193

Mailing Address

6872 SW 158TH CT.  
MIAMI FL 33193

2. Principal Place of Business

12804 S.W. 12 Terrace

3. Mailing Address

12804 S.W. 12 Terrace

Suite, Apt. #, etc.

MIAMI, FL.

Suite, Apt. #, etc.

MIAMI, FL.

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Not Applicable

Zip

33184

Country

Zip

33184

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

REYES, HECTOR  
6872 SW 158TH CT.  
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00  
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 **D** ☐ Delete  
NAME **REYES, HECTOR**  
STREET ADDRESS **6872 SW 158TH CT.**  
CITY-ST-ZIP **MIAMI FL 33193**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
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STREET ADDRESS  
CITY-ST-ZIP

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

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

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.10.03

Date

1-305-221-4799

Daytime Phone #

CR2E034 (4/03)

ATTACHMENT

9/10/2003 2:52 PM FROM: Fax TO: 13052206729 PAGE: 001 OF 001

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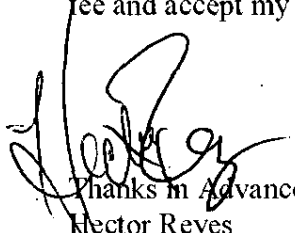
September 10, 2003

**Reyes Cleaning Service Incorporated**

**Florida Department of State Division of Corporations  
(2003 Uniform Business Report)  
PO BOX 1500  
Tallahassee, FL 32302**

To Whom It May Concern:

My name is Hector Reyes Owner and Operator of Reyes Cleaning Service Incorporated, as of January 1, 2003 my business address has changed. Although I submitted a change of address form with the post office I sometimes have problems with receiving mail and I just received my renewal package. I ask with great understanding that you wave my late fee and accept my renewal payment of \$150.00



Thanks in Advance,  
Hector Reyes  
Owner & Operator