FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P-020000 28639 BUS ENTERPRISES, INC.



FILED

04 JAN 26 AH 11:54

SECRETARY OF STATE TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3: Mailing Address 63mo SV Country C.J. S. A.

REINSTATEMENT 03-04

800027544248 01/26/04--01011--022 **150.00

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" F/.		4.5El/lumber44	
33/38-	County S. 74 -	5. Certificate of Status	

Applied For Not Applicable ----\$8.75 Additional

			Fee Required
7.	Name and Address of Curren	t Register	ed Agent

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Traine and Address of Surrent Registered Agent					
Name	MiGANO			· · · · · · · · · · · · · · · · · · ·	
Street	de se (PO) By Namb	er is Not Bosephole	SYDERS ADI	-1-7	
				-	
City					

Trust Fund Contribution.

The above named entity submits this statement 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

NAME

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

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CITY-ST-ZIP

January 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS MIGARADA DU BERTO ST. SUITE L-7 TITLE NAME 665 M.E. 63AO 3 Minmi. Fl. 33138 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP TITLE

TITLE. NAME STREET ADDRESS

> DO NOT WRITE IN THIS SPACE

NAME STREET ADDRESS CITY-ST-ZIP

> TITLE NAME STREET ADDRESS CITY ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE

RVS Enterprises Inc. 665 NE 63 St # L-7 Miami Florida 33138 Ph./fax (305)757-9997

1/12/04

TO: STATE OF FLORIDA
DIVISION OF CORPORATIONS.
P.O.BOX 6327
TALLAHASSEE, FLORIDA 32314

HEREBY WE CERTIFY THAT WE NEVER RECEIVED THE CORRESPONDENCE LETTER FROM THE DIVISION OF CORPORATIONS DATED MARCH 6TH, REQUESTING OUR F.E.I. # 01-6444563 MISSING IN THE ANNUAL REPORT FROM 2003 ON D.C. # P 02000028639 AND, ON THAT BASE, WE REQUEST FROM YOU WAIVER THE PENALTY FOR LATE FILING FOR THE 2003 ANNUAL REPORT (SEE COPY ATTACHED OF PAYMENT). PLEASE FIND THE COMPLETE FORM WITH CHECK PAYABLE TO YOUR ORDER FOR \$150.00 FOR THE 2004 ANNUAL REPORT WITH NEW ADDRESS.

ROBERTO MIRANDA

SWORN TO AND SUBSCRIBED BEFORE ME THIS

13 DAY OF January ,2004

NOTARY PUBLIC