

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90006 029 ***150.00

DOCUMENT # P03000101461

1. Entity Name
Y. REINES DESIGNS, INC.



Principal Place of Business
**19333 COLLINS AVENUE
SUITE 1510
SUNNY ISLES, FL 33160**

Mailing Address
**19333 COLLINS AVENUE
SUITE 1510
SUNNY ISLES, FL 33160**

44049572



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07192004

Chg-P

CR2E034 (10/03)

4. FEI Number

043774355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TOURGEMAN, RAMON
2091 NE 206 STREET
MIAMI, FL 33179**

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

Yael Reines
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07-19-04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **president** ☐ Delete
NAME **Yael Reines**
STREET ADDRESS **Suite**
CITY-ST-ZIP **19333 Collins Av # 1510**
Sunny Isles, FL 33160

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
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CITY-ST-ZIP

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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:

Yael Reines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-19-04

Date

305-7761401

Daytime Phone #



Attachments
MICHAEL GLINSKY & COMPANY, CPA, PA
Certified Public Accountants, Members AICPA, FICPA

44049572

July 19, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref: Y. REINES DESIGN, INC.
Document Number: P03000101461

State Representative:

We are the accountants of Y. REINES DESIGN, INC and represent them in this matter. Our clients mailing address has not changed since the inception of the company and they did not receive the 2004 Uniform Business Report. They did receive the second notice charging them the \$400 fee.

We respectfully request the abatement of the late filing fee due to the fact, that they never receive the form. Enclosed please find a check for \$150 and the signed 2004 Uniform Business Report.

We request that you notify our client in writing of any action you are taking regarding this matter. Thank you in advance for your attention to this matter. If you need further information, please do not hesitate to call us at (305) 358-4466.

Sincerely Yours,

A handwritten signature in cursive script that reads "Michael Glinsky & Company".

Michael Glinsky & Co., CPA

Attachment
Division of Corporations

44049572

Annual Report

Page 1

Document Number

P03000102451

Business Entity Name

Y. REINES DESIGNS, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

043774355

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

19333 COLLINS AVENUE

Suite, Apt #, etc.

SUITE 1510

City, State

SUNNY ISLES

FL

Zip Code & Country

33160

Mailing Address

Address

19333 COLLINS AVENUE

Suite, Apt #, etc.

SUITE 1510

City, State

SUNNY ISLES

FL

Zip Code & Country

33160

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

TOURGEMAN

RAMON

-or- RA Business Name

Address

2091 NE 206 STREET

Suite, Apt #, etc.

City, State

MIAMI

FL

Zip Code & Country

33179

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a