

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90389 037 \*\*\*150.00

DOCUMENT # P93000037696

1. Entity Name

ASHLEY & Kyle, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12231 S. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Address

7884 W Flagler St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

650419792

Applied For

Not Applicable

Zip

33156

Country

U.S.A.

Zip

33144

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Rafael Rius

Street Address (P.O. Box Number is Not Acceptable)

7884 W Flagler St.

City

Miami

FL

Zip Code

33144

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

Rafael Rius

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	President	TITLE	
NAME	Nancy Bermudez	NAME	
STREET ADDRESS	7884 West Flagler St	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33144	CITY - ST - ZIP	
TITLE	Vice-President	TITLE	
NAME	Rafael Rius	NAME	
STREET ADDRESS	7884 West Flagler St	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33144	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

Rafael Rius

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

(305) 264-0170

Daytime Phone #

CR2E034B (12/01)