

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90072 023 \*\*\*150.00

**DOCUMENT # P95000030482**

1. Entity Name  
**REFLY OF MIAMI INC**

Principal Place of Business <b>7345 NW 35 ST MIAMI FL 33122 US</b>	Mailing Address <b>2742 SW 8 ST. 201 MIAMI FL 33135-4659</b>
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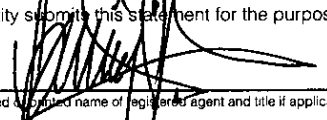
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>7360 N.W. 35 Street</b>		Suite, Apt. #, etc. <b>7360 N.W. 35 Street</b>	
City & State <b>Miami, Fl.</b>		City & State <b>Miami, Fl.</b>	
Zip <b>33122</b>	Country	Zip <b>33122</b>	Country <b>33122</b>

4. FEI-Number <b>65-0579170</b>	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**MOLINA, OSCAR A**  
**7345 NW 35 ST**  
**MIAMI FL 33122**

7. Name and Address of New Registered Agent  
 Name  
**MOLINA, OSCAR A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7360 N.W. 35 Street**  
 City **Miami** **FL** Zip Code **33122**

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  (NOTE: Registered Agent signature required when reinstating.) DATE **03-15-00**

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>MOLINA, OSCAR A</b> <b>7345 NW 35 ST</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>MOLINA, OSCAR A</b> <b>7345 NW 35 ST</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>BARRIOS, LUCIA</b> <b>7345 NW 35 ST</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7360 N.W. 35 Street</b> <b>Miami, Fl. 33122</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7360 N.W. 35 Street</b> <b>Miami, Fl. 33122</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7360 N.W. 35 Street</b> <b>Miami, Fl. 33122</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **03-15-00** Daytime Phone #

CR2E034 (9/99)