

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030482

1. Entity Name

REFLY OF MIAMI INC

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

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

Principal Place of Business

7345 NW 35 ST  
 MIAMI FL 33122  
 US

Mailing Address

2742 SW 8 ST. 201  
 MIAMI FL 33135-4659

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7360 N.W. 35 Street

Suite, Apt. #, etc.

7360 N.W. 35 Street

City & State

Miami, FL

City & State

Miami, FL

Zip

33122

Country

Zip

33122

Country

33122

4. FEI Number

65-0579170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLINA, OSCAR A  
 7345 NW 35 ST  
 MIAMI FL 33122

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

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7360 N.W. 35 Street	
CITY-ST-ZIP	Miami, FL. 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7360 N.W. 35 Street	
CITY-ST-ZIP	Miami, FL. 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7360 N.W. 35 Street	
CITY-ST-ZIP	Miami, FL. 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-00

Date

Daytime Phone #

CR2E034 (9/99)