

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

DOCUMENT # P9500003048Z
1. Entity Name
REFLY OF MIAMI, Inc.

DO NOT WRITE IN THIS SPACE

43178

2. Principal Place of Business
7360 NW 35 ST
Suite, Apt. #, etc.

3. Mailing Address
7360 NW 35 ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL
Zip
33122
Country
USA

City & State
MIAMI FL
Zip
33122
Country
USA

4. FEI Number
65-0579170
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
OSCAR A. MOLINA
Street Address (P.O. Box Number is Not Acceptable)
7360 NW 35 ST.
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] (NOTE: Registered Agent signature required when reinstating) 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 <u>President</u>	NAME <u>OSCAR A. MOLINA</u>	TITLE <u>SECRETARY</u>	NAME <u>LUCIA BARRIOS</u>
STREET ADDRESS <u>7360 NW 35 ST.</u>	STREET ADDRESS <u>7360 NW 35 ST.</u>	STREET ADDRESS <u>7360 NW 35 ST.</u>	STREET ADDRESS <u>7360 NW 35 ST.</u>
CITY-ST-ZIP <u>MIAMI FL 33122</u>	CITY-ST-ZIP <u>MIAMI FL 33122</u>	CITY-ST-ZIP <u>MIAMI FL 33122</u>	CITY-ST-ZIP <u>MIAMI FL 33122</u>
TITLE <u>VICE-PRESIDENT</u>	NAME <u>OSCAR A. MOLINA JR.</u>	DO NOT WRITE IN THIS SPACE	
STREET ADDRESS <u>7360 NW 35 St. Miami FL. 3122</u>	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
TITLE	NAME		
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TITLE	NAME	CITY-ST-ZIP	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 on an attachment with an address, with authority like empowered.

SIGNATURE: [Signature] OSCAR A. MOLINA
President
Refly Of Miami
Date: 9/24/02 (305) 716-8800
Daytime Phone #

CR2E034B (12/01)