

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90147 012 \*\*\*150.00

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DOCUMENT # P95000038421 / 2001

1. Entity Name

A & G REYES, INC.

Principal Place of Business

2460 WEST 67TH PLACE  
 #202  
 HIALEAH FL 33016

Mailing Address

2460 WEST 67TH PLACE  
 #202  
 HIALEAH FL 33016

00044838



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17711 SW 4TH COURT

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

4. FEI Number

65-0980479

Applied For

Not Applicable

Zip

33029

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAMULARI, F. DAVID ESQ.  
 C/O UNDERWOOD, KARCHER & KARCHER, P.A.  
 2900 S.W. 28TH TERRACE, 6TH FL, GROVE PLZ  
 MIAMI FL 33133

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.

SIGNATURE

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

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 V  
 NAME REYES, ANDRA C  
 STREET ADDRESS 2460 WEST 67TH PLACE #202  
 CITY-ST-ZIP HIALEAH FL 33016

TITLE S  
 NAME REYES, GUILLERMO C  
 STREET ADDRESS 2460 WEST 67TH PLACE #202  
 CITY-ST-ZIP HIALEAH FL 33016

TITLE P  
 NAME REYES, RAFAEL  
 STREET ADDRESS 12277 S.W. 16 TERRACE, #107  
 CITY-ST-ZIP MIAMI FL 33175

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
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 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 reports 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 all other like empowered.

SIGNATURE: x

ANDREA C REYES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)