FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P95000096143 REYLAND EXPRESS INTERNATIONAL, CORP. 04-24-2001 90006 045 \*\*\*150.00 Principal Place of Business Mailing Address 9631 FONTAINBLEAU BLVD. 9631 FONTAINBLEAU BLVD. #105 643206 MIAMI FL 33172 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address 52 40 SW 97 AVE 5240 SW 97 AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0634442 HisHi - Florida HIAMI-Florida Not Applicable Country U.S.A. Zip \$8.75 Additional 5. Certificate of Status Desired 33165 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name I BATTA HOriA IBARRA, MARIA E 9631 FONTAINBLEAU BLVD. #105 **MIAMI FL 33172** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE Delete Iborra, Hario E. IBARRA, MARIA E NAME 5240 S.W 97 AVE. 9631 FONTINABLEAU BLVD. #105 STREET ADDRESS STREET ADDRESS Mismi- Florida 33165. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 quistee antiowered 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, which is other like empowered.

HARIA Eugenia Iborra 04-16-01 (305)

SIGNATURE: