

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098857

1. Entity Name

R.D. REYES, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90004 045 \*\*\*150.00

Principal Place of Business

Mailing Address

~~5789 NW 40TH COURT~~  
~~CORAL SPRINGS FL 33067~~

~~5789 NW 40TH COURT~~  
~~CORAL SPRINGS FL 33067-4008~~

2. Principal Place of Business

540 Challenger Rd.

Suite, Apt. #, etc.

3. Mailing Address

540 Challenger Rd.

Suite, Apt. #, etc.

City & State  
 Cape Canaveral, FL

City & State  
 Cape Canaveral, FL

4. FEI Number 65-0710074

Applied For  
 Not Applicable

Zip  
 32920-4227

Country

Zip  
 32920-4227

Country

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

PINEDA, ENRICO A  
~~891 VILLAGE BLVD~~ 1638 Embassy Dr.  
~~STE 159~~ #210  
~~WPB FL 33409~~ WPB, FL 33401-1957

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

*Enrico A. Pineda* ENRICO A. PINEDA

4/21/00

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, 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 P  
 NAME REYES, JOANNE M  
 STREET ADDRESS 5789 NW 40TH COURT  
 CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 540 Challenger Rd.  
 CITY-ST-ZIP Cape Canaveral, FL 32920

TITLE P  
 NAME REYES, JOANNE M  
 STREET ADDRESS 5789 NW 40TH COURT  
 CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Delete

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 540 Challenger Rd.  
 CITY-ST-ZIP Cape Canaveral, FL 32920

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

*Joanne M. Reyes* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00

CR2E034 (9/99)