## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000077916**

1. Entity Name

May 16, 2000 8:00 am Secretary of State SANCHEZ-REYES INC. 05-16-2000 90135 030 \*\*\*150.00 Mailing Address Principal Place of Business 14830 SW 63RD STREET 14830 SW 63RD STREET EL 33103 MIAMI. FL .33193-2777 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0885201 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REYES, ILKA SANCHEZ Street Address (P.O. Box Number is Not Acceptable) 14830 SW 63RD STREET **MIAMI FL 33193** 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. (NQTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11, OFFICERS AND DIRECTORS 12, Addition TITLE TITLE ☐ Delete SANCHEZ, ILKA NAME NAME **14830 SW 63RD STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITI: ST-ZIP **MIAMI FL 33193** Addition ☐ Delete TITLE Change HILE REYES, FRANCISCO NAME **14830 SW 63RD STREET** STREET ADDRESS CITY-ST-ZIP ST ZIP MIAMI FL 33193 ☐ Change Addition ☐ Defete NAME STREET ADDRESS ..... ACCOMESS CITY-ST-ZIP ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS . .. : ADDDDEGG CITY-ST-ZIP ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME ··· ADDDEEG STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

ST-ZIP

ST ZIP

NTED NAME OF SIGNING OFFICER OF DIRECTOR

Delete

Daytime Phone #

☐ Change

☐ Addition

**FILED**