

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90067 050 ***150.00

DOCUMENT # P98000099278

1. Entity Name
REY'S INSURANCE, INC.

Principal Place of Business Mailing Address
P.O. BOX 351178 **P.O. BOX 331178**
MIAMI FL 33135 **MIAMI FL 33135-7178**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **235 S.W. Le Jeune Rd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, Florida

4. FEI Number **APPLIED FOR** Applied For
65-098-3080 Not Applicable

Zip Country Zip Country
33134 **U.S.A.**

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

SANCHELIMA, JESUS
235 S.W. LE JEUNE RD.
MIAMI FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RAMON A	
STREET ADDRESS	3640 S.W. 130TH AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARGARITA	
STREET ADDRESS	3640 S.W. 130TH AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SNCHELIMA, JESUS	
STREET ADDRESS	235 SW LEJEUNE RD	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *J. Sanchez* **VICER. PRES.** **1/22/00** **(305) 447-1617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP12E034 (9/99)



DO NOT WRITE IN THIS SPACE