

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90010 032 \*\*\*150.00

**DOCUMENT # P99000025221**

1. Entity Name

**ROLANDO REYES, INC.**

Principal Place of Business

Mailing Address

3617 CROWN POINT ROAD, STE. 4  
 JACKSONVILLE FL 32257

3617 CROWN POINT ROAD, STE. 4  
 JACKSONVILLE FL 32257-9010

2. Principal Place of Business

3. Mailing Address

*3617 Crown Point Rd.*

*P.O. Box 24668*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*SUITE #1*

City & State  
*Jacksonville FL*

City & State  
*Jacksonville FL*

Zip  
*32257*

Country  
*USA*

Zip  
*32241*

Country  
*USA*

4. FEI Number  
*59-3562877*

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, MEREDITH A**  
 3617 CROWN POINT ROAD, STE. 4  
 JACKSONVILLE FL 32257

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*3617 Crown Point Rd.*  
*SUITE #1*  
 City *Jacksonville* FL Zip Code *32257*

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]*

*M.A. Hernandez*

*3/31/00*

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  Delete  
 NAME **DP REYES, ROLANDO**  
 STREET ADDRESS **3617 CROWN POINT ROAD, STE. 4**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE  Change  Addition  
 NAME *P.O. Box 24668*  
 STREET ADDRESS *Jacksonville FL 32241*  
 CITY-ST-ZIP *Jacksonville FL 32241*

TITLE  Delete  
 NAME **DST REYES, KRISTEN**  
 STREET ADDRESS **3617 CROWN POINT ROAD, STE. 4**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE  Change  Addition  
 NAME *P.O. Box 24668*  
 STREET ADDRESS *Jacksonville FL 32241*  
 CITY-ST-ZIP *Jacksonville FL 32241*

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
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TITLE  Delete  
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 CITY-ST-ZIP

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 line empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*03-26-00*

Daytime Phone #

*904-288-8999*

CR2E034 (9/99)