

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000062562**

1. Entity Name

**REYHILL CORPORATION**

Principal Place of Business

**950 SW 104 CT - STE. 308C  
MIAMI FL 33174**

Mailing Address

**950 SW 104 CT - STE. 308C  
MIAMI FL 33174**

2. Principal Place of Business

**P.O. BOX 440355**

3. Mailing Address

**P.O. BOX 440355**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**MIAMI, FL**

City &amp; State

**MIAMI, FL**

Zip

**33144-0355**

Country

**U.S.A**

Zip

**33144-0355**

Country

6. Name and Address of Current Registered Agent

**URBINA, HILDA  
8820 FOUNTAINBLEAU BLVD.  
#304  
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

**URBINA, HILDA**

Street Address (P.O. Box Number is Not Acceptable)

**950 SW 104 CT STE. C308**

City

**MIAMI,****FL**Zip Code  
**33174**

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)

**04/23/01**

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	URBINA, HILDA	8820 FOUNTAINBLEAU BLVD. #304	MIAMI FL 33172	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	URBINA, HILDA	950 SW 104 CT STE. C308	MIAMI, FL 33174		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 the empowered.

SIGNATURE: *Hilda Urbina*

DIRECTOR

**04/23/01****(305) 228-0793**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0218465

CR2E034 (10/00)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90133 023 \*\*\*150.00