

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**  
 05-21-2002 90870 025 \*\*\*158.75

**DOCUMENT # P99000062562**

1. Entity Name  
**REYHILL CORPORATION**

Principal Place of Business

PO BOX 440355  
 MIAMI FL 33144-0355

Mailing Address

PO BOX 440355  
 MIAMI FL 33144-0355

2. Principal Place of Business

950 SW 104 COURT

Suite, Apt. #, etc.

C 308

City & State  
 Miami FL

Zip Country  
 FL 33174 DADE

3. Mailing Address

950 SW 104 COURT

Suite, Apt. #, etc.

C 308

City & State  
 Miami, FL

Zip Country  
 33174 DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0936846**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

URBINA, HILDA  
 950 SW 104 CT, STE C308  
 MIAMI FL 33174

7. Name and Address of New Registered Agent

Name **Reynaldo J. Urbina**  
 Street Address (P.O. Box Number is Not Acceptable)  
 950 SW 104 CT Suite 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 **Reynaldo J. Urbina** **4/23/02**  
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, 2002 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 **PD** ☒ Delete  
 NAME **URBINA, HILDA**  
 STREET ADDRESS **950 SW 104 CT, STE C308**  
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME **URBINA, REYNALDO J.**  
 STREET ADDRESS **950 SW 104 CT Suite C308**  
 CITY-ST-ZIP **Miami FL 33174**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 life empowered.

SIGNATURE **REYNALDO J. URBINA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02 (305) 228-0793**  
 Date Daytime Phone #

CR2E034 (9/01)