## 2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000090218 Feb 28, 2001 8:00 am Secretary of State REYMAR REALTY, INC. 02-28-2001 90052 050 \*\*\*150.00 Principal Place of Business Mailing Address 2220 SW 125TH CT 2220 SW 125TH CT **MIAMI FL 33175** MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0963671 Not Applicable Zip Country Zip 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 MENDEZ, MARIO R Street Address (P.O. Box Number is Not Acceptable) 2220 SW 125TH CT MIAMI FL 33175 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITL F MENDEZ, MARIO NAME NAME STREET ADDRESS 2220 SW 125TH CT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE TD ☐ Delete TITLE Change Addition RODRIGUEZ, RUBEN J NAME STREET ADDRESS 6238 N.W. 113 PLACE STREET ADDRESS CITY-ST-716 **MIAMI FL 33178** CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-7IP

TITI F

NAME STREET ADDRESS

Maus R. Wende SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

☐ Delete

2/21/01 (305)801 - 7657

☐ Change

Addition

CR2E034 (10/00