

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90445 047 ***150.00

DOCUMENT # P 99 000 102020
1. Entity Name

BUY-REQUEST CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 995 NE 124 ST Suite, Apt. #, etc. SUITE 200 City & State NORTH MIAMI, FL Zip 33161 Country MIAMI-DADE		3. Mailing Address SAME Suite, Apt. #, etc. City & State Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0973123	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name JAY REINER	
Street Address (P.O. Box Number is Not Acceptable) 2002 NE 120 ROAD	
City NORTH MIAMI	FL Zip Code 33181

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PD JAY REINER 995 NE 124 ST, SUITE 200 N. MIAMI, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMILLE REINER 995 NE 124 ST, SUITE 200 N. MIAMI, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEPHEN DANISOVSZKY 995 NE 124 ST, SUITE 200 N. MIAMI, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen Danisovszky STEPHEN DANISOVSZKY 4-26-01 (305) 895-6188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)