

55027982

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000102591 1. Entity Name LREYX MAINTENANCE, INC.		
Principal Place of Business 3335 SOUTHWEST 63RD AVENUE MIAMI, FL 33155		Mailing Address 3335 SOUTHWEST 63RD AVENUE MIAMI, FL 33155
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES
4. FEI Number 65-0983958		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$6.75 Additional Fee Required
6. Name and Address of Current Registered Agent GOMEZ, LILIA A 691 SE 3 PLACE HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agents. SIGNATURE: 3-26-03 <small>Signature, printed or printed name of registered agent or director. (NOTE: Registered Agent Signature required when submitting.)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PTD NAME REYES, LUIS M <input type="checkbox"/> Delete STREET ADDRESS 3335 SOUTHWEST 63RD AVENUE CITY-ST-ZIP MIAMI, FL 33156	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	CRPE004 (10/02)
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12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowerments.		
SIGNATURE: <small>SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>		