

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90088 039 ***150.00

DOCUMENT # V57963

1. Entity Name
RAY & REY, INC.

Principal Place of Business Mailing Address
741 EAST 13TH STREET **741 EAST 13TH STREET**
HIALEAH FL 33010 **HIALEAH FL 33010-3663**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
14370 LAKE CANDLEWOOD CT. **14370 LAKE CANDLEWOOD CT.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI LAKES, FLORIDA **MIAMI LAKES, FLORIDA**

Zip Country Zip Country
33014 **US** **33014** **US**

4. FEI Number Applied For
65-0355324 Not Applicable

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

6. Name and Address of Current Registered Agent
DIAZ, REYNALDO
741 EAST 13TH STREET
HIALEAH FL 33010

7. Name and Address of New Registered Agent
 Name **DIAZ, REYNALDO**
 Street Address (P.O. Box Number is Not Acceptable)
14370 LAKE CANDLEWOOD CT.
 City **MIAMI LAKES** FL Zip Code **33014**

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 Diaz* **REYNALDO DIAZ PRES.** DATE **4/10/00**
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, 2000 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	VPS DIAZ, REYNALDO 741 EAST 13TH STREET HIALEAH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, REYNALDO 741 EAST 13TH STREET HIALEAH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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	VPS DIAZ, REYNALDO 14370 LAKE CANDLEWOOD CT. MIAMI LAKES FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, REYNALDO 14370 LAKE CANDLEWOOD CT. MIAMI LAKES, FL 33014 <input checked="" 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 like empowered.

SIGNATURE: *Reynaldo Diaz* **REYNALDO DIAZ PRES.** Date **4/10/00** Daytime Phone # **305 8997923**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)