2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: <

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # V57963 1. Entity Name RAY & REY, INC.				Secretary of State 04-18-2002 90403 047 ***150.00
Principal Place of Business 14370 LAKE CANDLEWOOD CT MIAMI LAKES FL 33014		Mailing Address 14370 LAKE CANDLEWOOD CT MIAMI LAKES FL 33014		
2. Principal Place of Business		3. Mailing Address		# 1001/1 01/100/1 101/1 101/1 101/1 101/1 101/1 01/1 101/1 01/1 101/1 101/1 101/1 101/1 101/1 101/1 101/1 101/1
Suite, Apt. #, etc.		Suite, Apt.#, etc		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0355324 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current I	Registered Agent	Nome	7. Name and Address of New Registered Agent
DIAZ, REYNALDO 14320 LAKE CANDLEWOOD CT			Name Street Add	ress (P.O. Box Number is Not Acceptable)
MIAMI LAKES FL 33014			City	FL Zip Code
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 20 Make Check Paya	III FEE IS \$150.00 IO2 Fee will be \$550 ble to Department o	THIS FURG CODINDUDOR. Angel to Fees 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DIAZ, REINALDO 14370 LAKE CANDLEWOOD CT HIALEAH FL 33014	Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, REYNALDO 14370 LAKE CANDLEWOOD CT HIALEAH FL 33014	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE , , , , , , , , , , , , , , , , , , ,	C P. C.	☐ Delete ,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report is	true and accurate and that wered to execute this report	my signature shall have t as required by Chapte	in Section 119.07(3)(i), Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if

02