

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

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90001 028 ***150.00

DOCUMENT # P98000057525
1. Entity Name

T'FALEY, INC.

DO NOT WRITE IN THIS SPACE

80133512

2. Principal Place of Business
13518 PARADISE DR

3. Mailing Address
13518 PARADISE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HAGERSTOWN, MD

City & State
HAGERSTOWN, MD

4. FEI Number
65-0846318

Applied For
Not Applicable

Zip
21742

Country
USA

Zip
21742

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CLARA Y REYES

Street Address (P.O. Box Number is Not Acceptable)

12313 SW 104TH LN

City
MIAMI

FL

Zip Code
33186

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 *Clara Y Reyes*

CLARA Y REYES

07-29-02

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) ☐

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
DIRECTOR
CLARA Y REYES
13518 PARADISE DR
HAGERSTOWN, MD 21742

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Clara Y Reyes* CLARA Y REYES -DIRECTOR 07-29-02 301-7397387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
B0133512

T'FALEY, INC.

13518 Paradise Dr
Hagerstown, MD 21742

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Doc # P98000057525

Dear Sir:

Enclosed please find a check for \$150.00 to cover annual report fee for CY 2002 and completed UBR form. I moved to another State as you can see in the form and did not received the form by mail.

I am requesting from your Office to wave the reinstatement fee due to the circumstances explained above. I sincerely hope that you would take this into consideration.

Thank you.

Very truly yours,

Clara Y. Reyes
Clara Y. Reyes
President