

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90934 022 ***150.00

0009608



DO NOT WRITE IN THIS SPACE

DOCUMENT # 171284

1. Entity Name
AYR CORP

Principal Place of Business NATIONSBANK TOWER SUITE 2370 100 SE 2 ST MIAMI FL 33131-2145 US	Mailing Address NATIONSBANKTOWER SUITE 2370 100 SE 2 STREET MIAMI FL 33131-2100 US
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2. Principal Place of Business 100 SE 2 ST Suite, Apt. #, etc. SUITE 2370 City & State MIAMI, FL	3. Mailing Address 100 SE 2 ST Suite, Apt. #, etc. SUITE 2370 City & State MIAMI, FL
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Zip 33131-2145	Country USA	Zip 33131-2145	Country USA
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4. FEI Number 59-6058086	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RICKARD, BARBARA A NATIONSBANKTOWER SUITE 2370 100 SE 2 ST MIAMI FL 33131	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 SE 2 ST SUITE 2370 City MIAMI FL Zip Code 33131-2145	

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDM RICKARD, BARBARA A 100 SE 2 STREET, SUITE 2370 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEMMINGS, ARTHUR I 2582 S E 7 CT HOMESTEAD FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARR, SAMUEL L JR. 10 MARBELLA CT HAMMOCK DUNES PALM COAST FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REICHARDT, FRANCES C 15 NE 131ST STREET MIAMI FL 33161 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition POST, THOMAS R. 901 NE 2 AVE MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S/D HOUGHTON, PETER E. 6520 SW 104 ST MIAMI, FL 33156

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: *Barbara A. Rickard* **BARBARA A. RICKARD** **04/28/2000** **(305) 373-1386**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILE - 05-17-2000