FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90018 005 ***150.00

DOCUMENT # H74266

1. Entity Name
KAYAN LIMITED CORP.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business		3. Mailing Address	
2333 Brickell Avenue		2333 Brickell Ave.	
Suite, Apt. #, etc.: Suite UL3		Suite, Apt. #, etc.: SUITE UL3	
City & State: Miami, Florida		City & State: MIAMI, FLORIDA	
Zip: 33129	Country: U.S.A.	Zip: 33129	Country: U.S.A.

4. FEI Number 59-2636393 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CARLOS KAYAN

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

City: MIAMI **FL** Zip Code: 33129

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, 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	DP	TITLE	
NAME	KAYAN, CARLOS	NAME	
STREET ADDRESS	2333 Brickell Ave., #202	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33129	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	KAYAN, MARIA CRISTINA	NAME	
STREET ADDRESS	2333 Brickell Ave., #202	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33129	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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: [signature] CARLOS KAYAN 1-29-02 305-858-9342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #