

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-06-2001 90342 009 ***150.00

DOCUMENT # P00000013874

1. Entity Name
STOYA INC.

Principal Place of Business Mailing Address
 16201 SW 95 AVENUE #214 16201 SW 95 AVENUE #214
 MIAMI FL 33157 MIAMI FL 33157

2. Principal Place of Business 3. Mailing Address
 14011 S DIXIE HWY SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.
 228

City & State City & State
 MIAMI FL

4. FEI Number Applied For
 651004534 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

STOJANOVIC, DONNA
 16201 SW 95 AVENUE #214
 MIAMI FL 33157

Name
 Street Address (P.O. Box Number is Not Acceptable)
 14011 S DIXIE HWY # 228

City State Zip Code
 MIAMI FL 33176

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: * *Donna Stanovic* DATE: 2/21/01

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	STOJANOVIC, DONNA	NAME	
STREET ADDRESS	10701 SW 83 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: * *Donna Stanovic* DATE: 2/21/01

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



DO NOT WRITE IN THIS SPACE

CR2E094 (10/00)