

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90092 026 \*\*\*158.75

**DOCUMENT # P00000041586**

1. Entity Name  
**AYAN GROUP, INC.**

Principal Place of Business <b>15947 NW 7TH STREET          PEMBROKE PINES FL 33028</b>	Mailing Address <b>15947 NW 7TH STREET          PEMBROKE PINES FL 33028</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>15992 SW 16 Street</b>	3. Mailing Address <b>15992 SW 16 Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pembroke Pines, FL</b>	City & State <b>Pembroke Pines, FL</b>	4. FEI Number <b>65-1002254</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33027</b>	Country <b>USA</b>	Zip <b>33027</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>ABRAMSON, ROBERT M ESQ          GARRY J. ALHALEL, P.A.          25 SE 2ND AVENUE, INGRAHAM BLDG SUITE 1045          MIAMI FL 33131</b>	7. Name and Address of New Registered Agent Name <b>Rodolfo L. Ayan</b> Street Address (P.O. Box Number is Not Acceptable) <b>15992 SW 16 Street</b> City <b>Pembroke Pines, FL</b> Zip Code <b>33027</b>
--	--

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 *Rodolfo L. Ayan* **Rodolfo L. Ayan, Director & President** **4/2/01**  
Signature, typed or printed name of registered agent and, 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>AYAN, RUDOLFO L</b> <b>15947 NW 7TH STREET</b> <b>PEMBROKE PINES FL 33028</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director &amp; President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Rodolfo L. Ayan</b> <b>15992 SW 16 Street</b> <b>Pembroke Pines, FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rodolfo L. Ayan* **Rodolfo L. Ayan** **4/3/01** **305 362-7277**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)