## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P9600038995 1. Entity Name DARLENN GRACE AYAN-SIERRA, D.M.D., P.A. 04-05-2001 90092 027 \*\*\*150.00 Principal Place of Business Mailing Address 7415 MIAMI LAKES DR 15947 N.W.7TH STREET MIAMI LAKES FL 33014 PEMBROKE PINES FL 33028 3. Mailing Address 15992 SW 16 Street Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Pembroke Pines, FL 33027 Applied For City & State 4. FEI Number 65-0664519 Not Applicable Zip 33027 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AYAN, RODOLFO L Street Address (P.O. Box Number is Not Acceptable) 15947 NW 7 STREET **SUITE 1045** PEMBROKE PINES FL 33028 City Pembroke Pines, FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE DP ☐ Delete TITLE Change Addition NAME NAME AYAN, DARLENN 15992 SW 16 Street Pembroke Pines, FL 33027 STREET ADDRESS STREET ADDRESS 15947 N.W. 7TH ST. CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33028 Addition ☐ Delete TITLE TITLE AYAN, RODOLFO L SW 16 Street NAME NAME STREET ADDRESS STREET ADDRESS 15947 NW 7 ST CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 32028 ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

SIGNATURE:

NAME

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-7IP