

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90066 040 ***150.00

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1. Entity Name
DARLENN GRACE AYAN-SIERRA, D.M.D., P.A.



Principal Place of Business
**7415 MIAMI LAKES DR
MIAMI LAKES FL 33014
US**

Mailing Address
**15992 SW 16 STREET
PEMBROKE PINES FL 33027
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

15992 SW 16 Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

4. FEI Number **65-0664519**

Applied For

Not Applicable

Zip

33027

Country

USA

Zip

Country

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

**AYAN, RODOLFO L
15992 SW 16 STREET
PEMBROKE PINES FL 33027**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
DP	AYAN, DARLENN	15992 SW 16 STREET	PEMBROKE PINES FL 33027	☐ Delete					☐ Change ☐ Addition
TS	AYAN, RODOLFO L	15992 SW 16 STREET	PEMBROKE PINES FL 33027	☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodolfo L. Ayan

Date

2/28/03

Daytime Phone #

305 362-7277

CR2E034 (10/02)