

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096078

1. Entity Name

AYWIYE, INC.

Principal Place of Business

4768 SW 6TH ST
MIAMI FL 33134

Mailing Address

4768 SW 6TH ST
MIAMI FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1052103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, GUILLERMO J
4768 SW 6TH ST
MIAMI FL 33134

7. Name and Address of New Registered Agent

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.

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) ☐

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

TITLE D ☐ Delete
NAME SAINZ, MARIA T
STREET ADDRESS 802 NW 87 AVE APT#415
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ Delete
NAME LOPEZ, GUILLERMO J
STREET ADDRESS 4768 SW 6TH ST
CITY-ST-ZIP MIAMI FL 33134

TITLE D ☐ Delete
NAME SILES, YESSIKA
STREET ADDRESS 9501 FOUNTAINEBLEAU BLVD APT#208
CITY-ST-ZIP MIAMI FL 33172

TITLE P ☐ Delete
NAME SAINZ, MARIA T
STREET ADDRESS 802 NW AVE APT.#415
CITY-ST-ZIP MIAMI FL 33172

TITLE V ☐ Delete
NAME GUILLERMO, J. LOPEZ
STREET ADDRESS 4768 SW 6TH ST
CITY-ST-ZIP MIAMI FL 33134

TITLE ST ☐ Delete
NAME SILES, YESSIKA
STREET ADDRESS 9501 FOUNTAINEBLEAU BLVD APT.#208
CITY-ST-ZIP MIAMI FL 33172

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 305 9865934
Date Daytime Phone #

0159161

CR2E034 (10/00)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90239 023 ***150.00



DO NOT WRITE IN THIS SPACE