

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90033 013 \*\*\*150.00

**A0072238**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # 432264</b>			
1. Entity Name <b>JAYAN CORP.</b>			
Principal Place of Business <b>12555 Biscayne Blvd. Suite 462 North Miami, FL 33181</b>		Mailing Address <b>12555 Biscayne Blvd. Suite 462 North Miami, FL 33181</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2573093</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>Kant, Jon 12555 Biscayne Blvd, Suite 462 North Miami, FL 33181</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. <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>PD Kant, Jon 12555 Biscayne Blvd, Suite 462 North Miami, FL 33181</b> <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
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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: <b>Jon Kant</b>		Date: <b>5/21/01</b> Daytime Phone #: <b>305-940-2121</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Attachment  
AW 12239

**Jayan Corporation**  
**12555 Biscayne Blvd., #462**  
**North Miami, Florida 33181**

DOC#432264

**Phone : 305-940-2121**  
**Pager : 305-659-5268**  
**Fax : 305-895-9970**

May 21, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

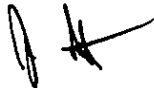
RE: Annual Report

To Whom It May Concern:

Please be advised that we never received the renewal for the above-mentioned corporation. We are hereby enclosing the sum of \$150.00 for the renewal thereof. We would appreciate if you would not impose any penalties because of the aforementioned.

If you have any questions, please feel free to contact me at any time.

Sincerely,



Jon Kant  
President