

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 678254

1. Entity Name
JAYZA CORP.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90020 026 ***150.00

Principal Place of Business
8264 NW 58 ST
MIAMI FL 33166
US

Mailing Address
8264 NW 58 ST
MIAMI FL 33166
US

00005725



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7215 NW 41 ST Suite, Apt. #, etc. BAY A City & State MIAMI FL Zip 33166 Country DADE		3. Mailing Address 7215 NW 41 ST Suite, Apt. #, etc. BAY A City & State MIAMI FL Zip 33166 Country DADE	
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4. FEI Number 59-2011884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NOGUERA, ANA M 8264 NW 58 ST MIAMI FL 33166	7. Name and Address of New Registered Agent Name NOGUERA, ANA M Street Address (P.O. Box Number is Not Acceptable) 7215 NW 41 ST, BAY A City MIAMI FL Zip Code 33166
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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 _____ (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"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOGUERA, ANA M 8264 NW 58TH ST MIAMI, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOGUERA, ANA M 7215 NW 41 ST. BAY A MIAMI FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALVEZ, TULY 8264 NW 58TH ST MIAMI, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALVEZ, TULY 7215 NW 41 ST. BAY A MIAMI FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ANA M. NOGUERA Jan 10/01 305-477-1136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0205189

CR2E034 (10/00)