

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739541

1. Entity Name

AYUDA, INC.

Principal Place of Business

7118 BYRON AVENUE
MIAMI BEACH FL 33141
US

Mailing Address

P.O. BOX 414597
MIAMI BEACH FL 33141-0597

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

59-1761257

Applied For

Not Applicable

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

SUSI, DIANA
7118 BYRON AVE
MIAMI BCH FL 33141

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~ED~~ ☐ Delete
NAME SUSI, DIANA
STREET ADDRESS 7118 BYRON AVENUE
CITY-ST-ZIP MIAMI BEACH FL

TITLE **PRESIDENT/CEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DO~~ ☐ Delete
NAME LISA, EGOZI
STREET ADDRESS 2217 NORMANDY DR
CITY-ST-ZIP MIAMI BCH FL

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

TITLE ~~DEA~~ ☐ Delete
NAME CARMEN GRANDA
STREET ADDRESS 2217 NORMANDY DR
CITY-ST-ZIP MIAMI BCH FL

TITLE **VICE-PRESIDENT - COMMUNITY RELATIONS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~DT~~ ☐ Delete
NAME SUSI, DORA
STREET ADDRESS 7118 BYRON AVE
CITY-ST-ZIP MIAMI BEACH FL 33141

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CHIEF FINANCIAL OFFICER (CFO)** ☐ Change ☒ Addition
NAME ILEANA GAGLIARDI
STREET ADDRESS 9326 N.W. 2nd Ave.
CITY-ST-ZIP MIAMI Shores, FL. 33150

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)