

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91166 048 ***150.00

DOCUMENT # F 99000006535

1. Entity Name
RYAN CAPITAL MANAGEMENT CORP.

667652

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5233 S. Eastern Avenue

3. Mailing Address
5233 S. Eastern Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Las Vegas, NV

City & State
Las Vegas, NV

4. FEI Number
58-2334326

Applied For
Not Applicable

Zip
89119

Country
U.S.A.

Zip
89119

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name
Corporate Createions Ent. Inc.

Street Address (P.O. Box Number is Not Acceptable)
941 Fourth Street No. 200

City
Miami Beach **FL** Zip Code
33139

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME - **P**
RYAN, KEVIN T.
STREET ADDRESS
5233 S. Eastern Avenue
CITY- ST- ZIP
Las Vegas, NV 33408

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CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **KEVIN T. RYAN, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 702-740-4612
Date Daytime Phone #

CR2E034B (12/01)