2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

K69842

1. Entity Name RYBRITT, INC.

FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90081 022 ***150.00

Principal Plac 8804 S.W. 129 MIAMI FL 331	STREET	24460	g Address) SW 194 AVE ESTEAD FL 33031							
2. Principal Place of Business		3. Mail	3. Mailing Address							
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			El Number 65-0127563	65-0127563 Applied For Not Applical			-
Zip	Country		दिक्कों स्टिप्ट र ाज्य विकास	Country 5. Cer		Certificate of Status Desired [\$8.75 Additional Fee Required		1 -	
	6. Name and Address of Co	rrent Registere	Registered Agent			7. Name and Address of New Registered Agent				
				Name	.,					1
AARON, SANDRA										
	129 STREET		Street Address			s (P.O. Box Number is Not Acceptable)				
MIAMI FL					·• ,	<u> </u>				1
MILWIN I.F	00110			<u> </u>					<u></u>	1
				City			FL	Zip Cod	le	1
	ions of registered agent.					ent, or both, in the State of Florida		niliar with,	and accept	
2	Signature, typed or printed name of registere	d agent and title if appl	licable. (NOTE: F	Registered Agent signatur	e required when re	instating)	DATE			
, 🤞 After	ILE NOW!!! FEE IS \$150.0 May 1, 2003 Fee will be \$55 Payable to Florida Departm	50.00				Election Campaign Financi Trust Fund Contribution.	ing		00 May Be d to Fees	
10.	OFFICERS	AND DIRECTO	RS	11.	AD	DITIONS/CHANGES TO OFFICER	RS AND D	RECTOR	S IN 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AARON, ROY S. 8804 SW 129 ST MIAMI FL 33176		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	Ena4 /10/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AARON, SANDRA 8804 SW 129 ST. MIAMI FL 33176=		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ers see of s	go saliti di kacamatan dan kembanasa da		Change	☐ Addition	3
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
TITLE			☐ Delete	TITLE		****	Ċ	Change	Addition	1

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 607, 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

305-246-0002

☐ Change

☐ Addition