

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90374 039 ***150.00

DOCUMENT # **P00000039912**

1. Entity Name

L1YI-AN, CORP.

Principal Place of Business

**12257 NW 13th Court
 Pembroke Pines FL 33026**

Mailing Address

**12257 NW 13th Court
 Pembroke Pines FL 33026**

970461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI FL

4. FEI Number

65-1001204

Applied For

Not Applicable

Zip

Country

Zip

Country

33016 DADE

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

**PEDRAZA, MANUEL A
 12257 NW 13th Court
 Pembroke Pines FL 33026**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

7/4/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back.) ☐

**FILE NOW!!! FEE IS \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	PEDRAZA, MANUEL A	
STREET ADDRESS	12257 NW 13th Court	
CITY - ST - ZIP	Pembroke Pines FL 33026	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		☐ Delete
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STREET ADDRESS		
CITY - ST - ZIP		

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

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 included 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 or on an attachment with an address, name, or other key word listed.

SIGNATURE:

[Signature]

7/11/02 (305) 318-3926

CR21034 (5/00)

970461

To: Florida Department Of State
Division of Corporations
Annual Report Section

To Whom It May Concern::

I only received a second notice. I ask that you please accept the enclosed check for \$ 150.00 to cover the initial filing fee with the assurance that this will not happen in future years.

Any question not hesitates in contact me at (305) 318-3926

Manuel A Pedraza
President