

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90092 026 \*\*\*158.75

DOCUMENT # P00000041586

1. Entity Name

AYAN GROUP, INC.

Principal Place of Business

15947 NW 7TH STREET  
PEMBROKE PINES FL 33028

Mailing Address

15947 NW 7TH STREET  
PEMBROKE PINES FL 33028

2. Principal Place of Business

15992 SW 16 Street

3. Mailing Address

15992 SW 16 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-1002254

Applied For

Not Applicable

Zip

33027

Country

USA

Zip

33027

Country

USA

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

ABRAMSON, ROBERT M ESQ

GARRY J. ALHALEL, P.A.

25 SE 2ND AVENUE, INGRAHAM BLDG SUITE 1045  
MIAMI FL 33131

Name

Rodolfo L. Ayan

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

15992 SW 16 Street

City

Pembroke Pines,

FL

Zip Code

33027

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

*Rodolfo L. Ayan*

Rodolfo L. Ayan, Director & President

4/2/01

Signature, typed or printed name of registered agent and, 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) ☐

**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. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	AYAN, RUDOLFO L	
STREET ADDRESS	15947 NW 7TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director & President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodolfo L. Ayan	
STREET ADDRESS	15992 SW 16 Street	
CITY-ST-ZIP	Pembroke Pines, FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Rodolfo L. Ayan*

4/3/01

305 362-7277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)