

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90003 040 \*\*\*550.00

0046314 AV

**DOCUMENT # P00000045444**

1. Entity Name  
**RYAN'S RELIEF, INC.**

Principal Place of Business  
**18260 NE 19TH AVENUE SUITE 204**  
**NORTH MIAMI BEACH FL 33162**

Mailing Address  
**18260 NE 19TH AVENUE SUITE 204**  
**NORTH MIAMI BEACH FL 33162**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2500 N.E. 15th Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2500 N.E. 15th Ave.**  
 Suite, Apt. #, etc.

City & State  
**Ft. Lauderdale FL**  
 Zip  
**33305** Country  
**USA**

City & State  
**Ft. Lauderdale FL**  
 Zip  
**33305** Country  
**U.S.A.**

4. FEI Number  
**65-1009339**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**RYAN, MICHAEL**  
**18260 NE 19TH AVENUE SUITE 204**  
**NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2500 N.E. 15th Ave**  
 City  
**Ft. Lauderdale FL** Zip Code  
**33305**

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 \_\_\_\_\_ (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 \$550.00**  
**After September 12, 2001 Fee 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

TITLE  
**PD**  
 NAME  
**RYAN, MICHAEL**  
 STREET ADDRESS  
**18260 NE 19TH AVENUE SUITE 204**  
 CITY-ST-ZIP  
**NORTH MIAMI BEACH FL 33162**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PD**  
 NAME  
**RYAN, MICHAEL**  
 STREET ADDRESS  
**2500 N.E. 15th Avenue**  
 CITY-ST-ZIP  
**Ft. Lauderdale FL 33305**

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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: Michael Ryan **Michael Ryan** **8-25-01** **954-563-6660**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)