

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-21-2002 90899 048 ***150.00

DOCUMENT # P00000051632

1. Entity Name

AYP INVESTMENT, INC.

Principal Place of Business

**2742 BISCAYNE BLVD
MIAMI FL 33137**

Mailing Address

**2742 BISCAYNE BLVD
MIAMI FL 33137**

2. Principal Place of Business

2600 SW 3rd Ave.

Suite, Apt. #, etc.

730

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

City & State

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4. FEI Number

65-1010728

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANCHEZ DE VARONA, RAUL
145 MADIERA AVENUE, SUITE 310
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

ISAAC MATZ

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

2742 BISCAYNE BLVD.

City

MIAMI

FL

Zip Code

33137

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 **ISAAC MATZ, CPA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/02

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 \$150.00
After May 1, 2002 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

TITLE **PSD** ☐ Delete
NAME **BARBIERI, ALBERTO**
STREET ADDRESS **2875 NE 191 STREET, PH 3A**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **VST** ☐ Delete
NAME **BARBAGALLO, MIGUEL ANGEL**
STREET ADDRESS **2875 NE 191 STREET, PH 3A**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

305-8592787

Daytime Phone #

CR2E034 (9/01)