

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90345 019 ***158.75

DOCUMENT # P00000051632

1. Entity Name
AYP INVESTMENT, INC.



Principal Place of Business
**2600 SW 3RD AVENUE #730
MIAMI FL 33129**

Mailing Address
**2742 BISCAYNE BLVD
MIAMI FL 33137**



2. Principal Place of Business

3. Mailing Address

2600 SW 3rd. AVENUE.

Suite, Apt. #, etc.

Suite 730

City & State

Miami, FL.

4. FEI Number

65-1010728

Applied For

Not Applicable

Zip

33129.

Country

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

**MATZ, ISAAC
2742 BISCAYNE BLVD
MIAMI FL 33137**

Name

Guzman, Mario

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

Two Dorton Center

A130 S. Scotland Blvd. Suite 1504

City

Miami

FL

Zip Code

33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

MARIO GUZMAN

3/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSD
BARBIERI, ALBERTO
2875 NE 191 STREET, PH 3A
AVENTURA FL 33180**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**VST
BARBAGALLO, MIGUEL ANGEL
2875 NE 191 STREET, PH 3A
AVENTURA FL 33180**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**2600 SW 3rd. AVENUE #730
Miami, FL 33129.**

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12. I hereby certify that the information furnished 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.

SIGNATURE:

SIGNATURE REQUIRED

04/17/03

(305) 859-7787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)