

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90177 008 ***158.75

DOCUMENT # P01000069162

1. Entity Name
ARYCO CORPORATION

Principal Place of Business
 17021 NORTH BAY ROAD
 BUILDING #4 SUITE 521
 NORTH MIAMI BEACH FL 33160

Mailing Address
 17021 NORTH BAY ROAD
 BUILDING #4 SUITE 521
 NORTH MIAMI BEACH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 17021 NORTH BAY Rd ✓
 Suite, Apt. #, etc.
 BUILDING #4 SUITE 521
 City & State
 N. MIAMI BEACH FL
 Zip
 33160
 Country
 USA

3. Mailing Address
 17021 NORTH BAY Rd ✓
 Suite, Apt. #, etc.
 BUILDING #4 SUITE 521
 City & State
 N. MIAMI BEACH FL
 Zip
 33160
 Country
 USA

4. FEI Number
 65-1123015
Applied For
☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ABRAMSON, EDWARD J ESQ.
 7270 N.W. 12TH STREET
 SUITE 580
 MIAMI FL 33126

7. Name and Address of New Registered Agent
 Name
 DI MATTEO, JULIO C.
 Street Address (P.O. Box Number is Not Acceptable)
 17021 NORTH BAY Road ✓
 BUILDING #4 SUITE # 521
 City
 NORTH MIAMI BEACH FL Zip Code
 33160

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 _____
 Signature, typed or printed name of registered agent and title 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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, SERGIO G		NAME		
STREET ADDRESS	17021 NORTH BAY ROAD BLDG. #4 SUITE 521		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI MATTEO, JULIO C		NAME	DI MATTEO, JULIO C.	
STREET ADDRESS	17021 NORTH BAY ROAD BLDG. #4 SUITE 521		STREET ADDRESS	17021 NORTH BAY Rd BLDG 4 SUITE 521	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP	N. MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE REQUIRED JULIO DI MATTEO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRESIDENT 04/15/02 Date Daytime Phone # _____

CR2E034 (9/01)