

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90069 043 \*\*\*158.75

**DOCUMENT # P01000069162**

**1. Entity Name**  
**ARYCO CORPORATION**



**Principal Place of Business**  
**200 178TH DRIVE, SUITE 705**  
**SUNNY ISLES FL 33160**

**Mailing Address**  
**200 178TH DRIVE, SUITE 705**  
**SUNNY ISLES FL 33160**

**11007438**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 65-1123015**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ABRAMSON, EDWARD J ESQ.**  
**7270 N.W. 12TH STREET**  
**SUITE 580**  
**MIAMI FL 33126**

**Name DI MATTEO, JULIO**

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

**200 178TH DR. SUITE 705**

**City SUNNY ISLES**

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

**SIGNATURE**

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**03/01/03**

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 PD**  
**NAME DI MATTEO, JULIO C**  
**STREET ADDRESS 200 178TH DRIVE, SUITE 705**  
**CITY-ST-ZIP SUNNY ISLES FL 33160**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

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☐ Change

☐ Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. DI MATTEO**

**PRESIDENT**

Date **03/01/03**

Daytime Phone #

**205-244-3914**

CR2E034 (10/02)