

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90729 043 ***550.00

DOCUMENT # P01000077127

1. Entity Name
AY MAMA INES, INC.

Principal Place of Business

Mailing Address

~~2020 CORAL WAY~~
~~SUITE 435~~
~~MIAMI FL 33145~~

~~2020 CORAL WAY~~
~~SUITE 435~~
~~MIAMI FL 33145~~

2. Principal Place of Business

3. Mailing Address

11481 SW 40ST

11481 SW 40ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

miami FL

miami FL

City & State

City & State

33165

33165

Zip

Country

USA

Zip

Country

USA

4. FEI Number

45-1155116

Applied For

Not Applicable

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

~~FILINGS, INC.~~
~~3732 N.W. 16TH STREET~~
~~FT. LAUDERDALE FL 33311-4132~~

Name **Omar Mejia**
Street Address (P.O. Box Number is Not Acceptable) **11481 SW 40ST**
City **miami** **FL** **33165**

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** ☐ Delete
NAME **MEJIA, OMAR**
STREET ADDRESS **2828 CORAL WAY SUITE 435**
CITY-ST-ZIP **MIAMI FL 33145**

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

TITLE **STD** ☐ Delete
NAME **BLANCO, BARBARA**
STREET ADDRESS **2828 CORAL WAY SUITE 435**
CITY-ST-ZIP **MIAMI FL 33145**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/02
 Date

305-228-7778
 Daytime Phone #

CR2E034 (9/01)