

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90013 043 ***150.00

DOCUMENT # P02000023221

1. Entity Name
BRYVYA, CORP.



Principal Place of Business
**4600 S.W. 82ND PLACE
MIAMI FL 33155**

Mailing Address
**4600 S.W. 82ND PLACE
MIAMI FL 33155**

2. Principal Place of Business
6601 S.W. 82ND AVENUE
Suite, Apt. #, etc.

3. Mailing Address
6601 S.W. 82ND AVENUE
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
02-0577103

Applied For
Not Applicable

Zip Country
33143 USA

Zip Country
33143 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

BALERDI, JOSE J.
4600 S.W. 82ND PLACE
MIAMI FL 33155

Name

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

6601 S.W. 82ND AVENUE

City **MIAMI** **FL** Zip Code **33143**

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, 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 ☐ Delete
NAME **PD**
STREET ADDRESS **ISMAIL, ABDULLAH**
CITY-ST-ZIP **905 WALLACE STREET
CORAL GABLES FL 33134**

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **BALERDI, JOSE J**
CITY-ST-ZIP **4600 S.W. 82ND PLACE
MIAMI FL 33155**

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS **BALERDI, JOSE J**
CITY-ST-ZIP **6601 S.W. 82ND AVENUE
MIAMI FL 33143**

TITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **GANDARILLAS, CARLOS**
CITY-ST-ZIP **4780 N.W. 102ND AVE. #101
MIAMI FL 33178**

TITLE ☒ Change ☐ Addition
NAME **VTD**
STREET ADDRESS **GANDARILLAS, CARLOS**
CITY-ST-ZIP **2120 S.W. 16TH TERRACE
MIAMI FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-2003 (305) 553-1467

Date

Daytime Phone #

CR2E034 (10/02)