

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90291 039 ***150.00

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DOCUMENT # P02000130143

1. Entity Name

RYOT SOLUTIONS CORP



Principal Place of Business

6220 W. FALCON'S LEA DR.
DAVIE FL 33331
US

Mailing Address

6220 W. FALCON'S LEA DR.
DAVIE FL 33331
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 821913

City & State

City & State

Pembroke Pines, Florida

Zip

Country

Zip

33082

Country

US

FEI Number

32-0047531

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

REYES, OLGAMARIE

6220 W. FALCON'S LEA DR.

DAVIE FL 33331

Name

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

City

FL

Zip Code

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 **P**
STREET ADDRESS **OLGAMARIE, REYES**
CITY-ST-ZIP **6220 W. FALCON'S LEA DR.**
DAVIE FL 33331

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 7, 2003

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 86137796
#P0200013043

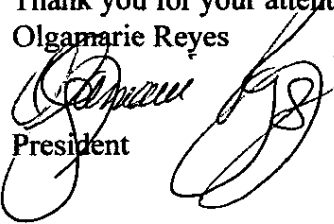
August 7, 2003

Florida Department of State
Division of Corporation

In behalf of Ryot Solutions Corp. I Olgamarie Reyes (registered agent ,president)
request that the late fee of \$400.00 dollars be waived due to the fact that we **did not**
receive the first notice.

Ryot Solutions has a **new mailing address**.It is the following;
PO Box 821913
Pembroke Pines, Fl. 33082

Thank you for your attention in this matter,
Olgamarie Reyes


President

omr