

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # P8000030769

1. Entity Name **WEYDAN INC**
7135 COLLINS AVENUE
MIAMI FL. 33141 **P08000030769**

FILED
09 OCT 22 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7135 COLLINS AVENUE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip FL 33141	Country DADE	Zip	Country

300156314993
05/22/09--01010--005 **150.00
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 41-2279914		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name NASER ALIABOURE Street Address (P.O. Box Number is Not Acceptable) 7135 COLLINS AVE # 1711 MIAMI BEACH City FL Zip Code 33141		

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) DATE **4/27/09**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. NASER ALIABOURE 7135 COLLINS AVE. # 1711 MIAMI BEACH FL. 33141
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REINSTATEMENT
RH

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 on an attachment with an address, with all other like empowered.

NASSER ALIABOURE,

SIGNATURE:

[Signature]

PRESIDENT

305-494-7224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #