

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0154894

DOCUMENT # P93000036944

1. Entity Name

A.Y.R. CONSULTANTS, INC.

05-16-2001 90266 045 ***150.00

Principal Place of Business

**937 RODERIGO AVE
 CORAL GABLES FL 33134**

Mailing Address

**937 RODERIGO AVE
 CORAL GABLES FL 33134**

2. Principal Place of Business

MIAMI 540 BRICKELL KEY Dr

3. Mailing Address

540 BRICKELL KEY Dr

Suite, Apt. #, etc.

#1803

Suite, Apt. #, etc.

#1803

City & State

MIAMI

City & State

MIAMI

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-0414096

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RIVERA, IVAN
 937 RODERIGO AVE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

IVAN RIVERA
 (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, 2001 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

TITLE **PD** ☐ Delete
 NAME **RIVERA, IVAN**
 STREET ADDRESS **937 RODERIGO AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☐ Delete
 NAME **ADROVER, MIGUEL**
 STREET ADDRESS **937 RODERIGO AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 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:

Ivan Rivera
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

29 APR 2001 (305) 755 9400

CR2E034 (10/00)