

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90109 044 ***150.00

DOCUMENT # P93000088732

1. Entity Name
COMPANIA AYALIA, INC.

Principal Place of Business

7500 N.W. 69TH AVE.
MIAMI FL 33166

Mailing Address

7500 N.W. 69TH AVE.
MIAMI FL 33166

2. Principal Place of Business

P.O. Box 160817

Suite, Apt. #, etc.

HPaleah, FL

City & State

3. Mailing Address

P.O. Box 160817

Suite, Apt. #, etc.

HPaleah, FL

City & State

Zip
33016

Country
US

Zip
33016

Country
US

4. FEI Number **52-1638550**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLOS A TROY

999 PONCE DE LEON BLVD

#1110

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Carlos A Troy

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

10570 NW 27th

Suite #103

City

Miami

FL

Zip Code

33172

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
GONZALEZ, JOSE E ☐ Delete
7500 N.W. 69TH AVE.
MEDLEY FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GONZALEZ, PRISCILLA ☐ Delete
7500 N.W. 69TH AVE.
MEDLEY FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
GONZALEZ, REYNALDO ☐ Delete
7500 N.W. 69TH AVE.
MEDLEY FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
González Jose E ☐ Change ☐ Addition
P.O. Box 160817
HPaleah, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
González, Priscilla ☐ Change ☐ Addition
P.O. Box 160817
HPaleah, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPS
González, Reynaldo ☐ Change ☐ Addition
P.O. Box 160817
HPaleah, FL 33016

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

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

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

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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A0017859



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)