

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

DOCUMENT # P95000017681

1. Entity Name

ARYAVEL, INC.

FILED

" AMENDMENT " 02 DEC 01 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2300 Coral Way

3. Mailing Address

2300 Coral Way

Suite, Apt. #, etc.

Suite # 200

Suite, Apt. #, etc.

Suite # 200

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0563035

Applied For

Not Applicable

Zip

33145

Country

US

Zip

33145

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FLORIDA ANNUAL REPORT SERVICES, INC.

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

2300 Coral Way, # 200

City

Miami

FL

Zip Code

33145

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)

AMADA CANTERA LOPEZ, Pres.

DATE

12/6/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
PSTD  
LOPEZ, ABIEL  
4440 NW 9th Street  
Hialeah, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700009504397  
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**DO NOT WRITE  
IN THIS SPACE**

12/11

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-6-02 (305) 634-618

CR2E034B (12/01)