

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90280 046 \*\*\*150.00

U2/1/99Z  
 AV

**DOCUMENT # P95000019396**

1. Entity Name  
**ALAYON & ASSOCIATES, P.A.**



Principal Place of Business  
**2450 SW 137 AVE., SUITE 226**  
**MIAMI FL 33175**  
**US**

Mailing Address  
**2450 SW 137 AVE., SUITE 226**  
**MIAMI FL 33175**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*Suite 221*

Suite, Apt. #, etc.

*Suite 221*

City & State

City & State

4. FEI Number **65-0560962**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**A&P REGISTERED AGENT, INC.**

**2450 SW 137TH AVE., SUITE 226** *Suite 221*  
**MIAMI FL 33175**

Name

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

*Suite 221*

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**PTD**  
 NAME **ALAYON, RICHARD A ESQ.**  
 STREET ADDRESS **2450 SW 137TH AVE., SUITE 226** *Suite 221*  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition

TITLE  Delete  
 NAME **SD**  
 NAME **LEON, IVETTE HALPHEN ESQ.**  
 STREET ADDRESS **2450 SW 137TH AVE., SUITE 226** *Suite 221*  
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

*Richard Alayon*  
 4/25/02 (305) 221-2110