

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045395

1. Entity Name  
RYHEVA, INC.

FILED  
Jun 07, 2000 8:00 am  
Secretary of State

06-07-2000 90438 041 \*\*\*150.00

Principal Place of Business  
1851 S. STATE ROAD 7  
FT. LAUDERDALE, FL 33317

Mailing Address

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
15800 SURREY CIRCLE  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number  
65-0753918  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BUTCHER, ROYSTON  
15800 SURREY CIRCLE  
DAVIE, FL 33331-2568

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  
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, 2000 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  
Delete  
PTD  
BUTCHER, ROYSTON  
15800 SURREY CIRCLE  
DAVIE, FL 33331-2568  
VSD  
BUTCHER, BEANNE  
15800 SURREY CIRCLE  
DAVIE, FL 33331-2568

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
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 an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone #

CR2E034 (9/99)