

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040844

1. Entity Name

RYAN INDUSTRIES, INCORPORATED

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90130 017 ***150.00

Principal Place of Business 11241 W ATLANTIC BLVD #301 CORAL SPRGS FL 33071 US	Mailing Address 11241 W ATLANTIC BLVD #301 CORAL SPRGS FL 33065-5113 US
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BUUU7734



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1471 S.W 30 AVENUE Suite, Apt. #, etc. BAY #1 City & State DEERFIELD BEACH FL Zip 33442 Country US	3. Mailing Address 2406 NW 91 AVENUE Suite, Apt. #, etc. City & State CORAL SPRINGS FL Zip 33065 Country US
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4. FEI Number 65-0682527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERCHAN, MICHAEL 11241 W ATLANTIC BLVD #301 CORAL SPRGS FL 33071	7. Name and Address of New Registered Agent Name MICHAEL HERCHAN Street Address (P.O. Box Number is Not Acceptable) 2406 NW 91 AVENUE City CORAL SPRINGS FL Zip Code 33065 CHANGE OF ADDRESS ONLY.
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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 JAN 20/00
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERCHAN, MICHAEL 11241 W ATLANTIC BLVD #301 CORAL SPRGS FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2406 NW 91 AVENUE CORAL SPRINGS FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #