

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # *P96 0000 75484*

1. Entity Name

Puya Enterprises, Inc.

Principal Place of Business

*2420 N.E. 5th AVE.
Pompano Beach, FL
33064*

Mailing Address

*2420 N.E. 5th AVE.
Pompano Beach, FL
33064*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0698420

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Ernest Puya
2420 N.E. 5th AVE.
Pompano Beach, FL 33064*

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) ☐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	<i>D Ernest Puya 2420 N.E. 5th AVE. Pompano Beach, FL 33064</i>	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>100005493081-2 -05/09/02--01003--009 ****300.00 ****300.00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: *Ernest Puya**15 5/6/02*

FILED

02 APR 26 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attachment

pg 2 of 2

Please do not remove -

MARCH 8, 2002

RE: 65-0698420 PUYA ENTERPRISES, INC.

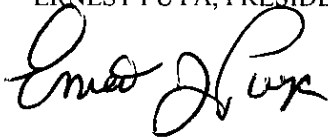
TO WHOM IT MAY CONCERN:

I AM WRITING IN REFERENCE TO THE ABOVE MENTIONED CORPORATION. PLEASE BE ADVISED THAT I NEVER RECEIVED THE ORIGINAL RENEWAL FOR CALENDAR YEAR 2001. I AM ENCLOSING A CHECK FOR \$150 TO COVER 2001. I AM RESPECTFULLY REQUESTING AN ABATMENT OF ANY PENALTY THAT MAY HAVE OCCURRED DUE TO THIS ERROR. PLEASE UPDATE MY RECORDS ACCORDINGLY AND MAKE ANY NECESSARY ADJUSTMENTS. PLEASE MAKE SURE MY RENEWAL FOR CALENDAR YEAR 2002 GOES OUT TO THE PROPER ADDRESS.

THANK YOU IN ADVANCE FOR YOUR COOPERATION AND UNDERSTANDING IN THIS MATTER.

SINCERELY,

ERNEST PUYA, PRESIDENT





FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 17, 2002

PUYA ENTERPRISES, INC.
C/O 2420 NE 5TH AVE
POMPANO BEACH, FL 33064

SUBJECT: PUYA ENTERPRISES, INC.
Ref. Number: P96000075484

We have received your document for PUYA ENTERPRISES, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

- We will waive the reinstatement fee based on your cover letter. However, we must collect the filing fee for 2001 and 2002 in order to process this report. Please resubmit the attached report and cover letter along with a check in the amount of \$300.00 to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 602A00022932

*Sec. of State
Division of Corporations
P.O. Box 6327
Ta*

*323/4-
Att. Reinstatement*