2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 22, 2001 8:00 am DOCUMENT # **P96000077504** 1. Entity Name **Secretary of State** DAYAN CONSTRUCTION, INC. 01-22-2001 90142 010 ***150.00 New Address. Principal Place of Business 11905 SOUTHWEST 49TH STREET 11905 SOUTHWEST 49TH STREET MIAMI FL 33175 MIAMI FL 33175 D0006241 4911 SW 127467 MIGMI PL 33175 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0696428 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AYAN, CARLOS 11905 SOUTHWEST 49TH STREET NEW Address MIAMI FL 33175 4911 SW 1274 OT MIAMI FL 33175 AYAN, CARLOS Street Address (P.O. Box Number is Not Acceptable) Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE in carlos ☐ Addition AYAN, CARLOS NAME NAME 91150127467 11905 SOUTHWEST 49TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP VST TITLE New Delete Change TITLE ☐ Addition AYAN, DORIS NAME NAME 9136 GRAND CANAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI, FL 33184** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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