

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90029 017 \*\*\*150.00

**DOCUMENT #** P97 000011545

**1. Entity Name**  
Banyan Enterprises, Inc.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 9940 SW 59th Ave Suite, Apt. #, etc.	<b>3. Mailing Address</b> 9940 SW 59th Ave Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> Miami	<b>City &amp; State</b> Miami	<b>4. FEI Number</b> 65-0726121	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33156	<b>Country</b> Dade	<b>Zip</b> 33156	<b>Country</b> Dade
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** Ray Princiotta

**Street Address (P.O. Box Number is Not Acceptable)**  
9940 SW 59th Ave

**City** Miami **FL** **Zip Code** 33156

**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** RAY PRINCIOTTA  **DATE** 3/4/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input checked="" type="checkbox"/> <small>(See criteria on back)</small>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--	---

<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> President	<b>NAME</b> Ray Princiotta	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 9940 SW 59th Ave	<b>CITY-ST-ZIP</b> Miami FL 33156	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> Secretary / Treasurer	<b>NAME</b> Alice Horn	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 9940 SW 59th Ave	<b>CITY-ST-ZIP</b> Miami FL 33156	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>TITLE</b>	<b>NAME</b>	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>TITLE</b>	<b>NAME</b>	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>	

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** RAY PRINCIOTTA  **DATE** 3/04/02 **Daytime Phone #** 305 984 7254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)