

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003289

1. Entity Name
AYACO, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90070 026 ***158.75

Principal Place of Business
6915 RED ROAD
SUITE 220
CORAL GABLES FL 33143

Mailing Address
6915 RED ROAD
SUITE 220
CORAL GABLES FL 33143

2. Principal Place of Business
19640 CYPRESS CT
Suite, Apt. #, etc.

3. Mailing Address
19640 CYPRESS CT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--------------------------|-----------------------------|--|
| City & State MIAMI FL | City & State MIAMI FL | 4. FEI Number 65-0804847 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33015 | Country USA | Zip 33015 | Country USA |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent AL-SOUFI, MAHER 6915 RED ROAD SUITE 220 CORAL GABLES FL 33143 | 7. Name and Address of New Registered Agent Name SAIDA PIERRI Street Address (P.O. Box Number is Not Acceptable) 19640 CYPRESS CT City MIAMI FL Zip Code 33015 |
|---|--|

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 MAHER AL-SOUFI ~~MAHER AL-SOUFI~~ SAIDA PIERRI 4/10/01
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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 |
|---|--|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P AL-SOUFI, MAHER 6915 RED ROAD, STE. 220 CORAL GABLES FL 33143 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PIERRI, SAIDA 19640 CYPRESS CT MIAMI FL 33015 <input type="checkbox"/> Change <input checked="" 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 |
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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: MAHER AL-SOUFI ~~MAHER AL-SOUFI~~ SAIDA PIERRI 305-430-8863
Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)