

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

06-21-2001 90002 024 \*\*\*150.00  
 09-06-2001 90272 021 \*\*\*400.00

**DOCUMENT # P98000056593**

1. Entity Name  
**NYCH CORPORATION**

Principal Place of Business Mailing Address  
**P.O. BOX 574971 P.O. BOX 574971**  
**ORLANDO FL 32857-4971 ORLANDO FL 32857-4971**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3525442** 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

**RIVERA, Yael**  
**11455 S. ORANGE BLOSSOM TRAIL, STE. 11**  
**ORLANDO FL 32837**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERRERA, CARMEN</b>	NAME	<i>Herrera, Carmen</i>
STREET ADDRESS	<b>11455 S. ORANGE BLOSSOM TRAIL, STE. 11</b>	STREET ADDRESS	<i>11455 S Orange Blossom Trail / Suite 11</i>
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	CITY-ST-ZIP	<i>Orlando, FL 32837</i>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIVERA, Yael</b>	NAME	<i>Rivera, Yael</i>
STREET ADDRESS	<b>11455 S. ORANGE BLOSSOM TRAIL, STE. 11</b>	STREET ADDRESS	<i>11455 S Orange Blossom Trail Ste 11</i>
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	CITY-ST-ZIP	<i>Orlando, FL 32837</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]* **8-27-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

U14933 21

CP2EN34 (5/01)



Attachment A0084030  
Doc# P98000056593

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

June 21, 2001

NYCH CORPORATION  
P.O. BOX 574971  
ORLANDO, FL 32857-4971

Subject: NYCH CORPORATION

~~Reference Number: P98000056593~~

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sr

ANNUAL REPORTS SECTION