

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
 03-30-2001 90322 013 ***150.00

0166612

DOCUMENT # P98000080190

1. Entity Name
MYNAYA, INC.

Principal Place of Business
**5580 NE 4TH CT
 MIAMI FL 33137**

Mailing Address
**5580 NE 4TH CT
 MIAMI FL 33137**

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 **65-0875615**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPOTE, BEATRIZ M
 1101 BRICKELL AVENUE
 17TH FLOOR
 MIAMI FL 33131**

Name **René ARSAN**
 Street Address (P.O. Box Number is Not Acceptable)
5580 N.E. 4th Ct
MIAMI, FL. 33137
 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 **René Arsan**

3/27/01

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) ☐

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. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **SOYKA, GABRIELE**
 STREET ADDRESS **589 NE 57 ST**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **P** ☒ Change ☐ Addition
 NAME **IRENE DELMONTE**
 STREET ADDRESS **405580 NE 4 CT**
 CITY-ST-ZIP **MIAMI, FL 33137**

TITLE **VP** ☐ Delete
 NAME **SOYKA, MARK**
 STREET ADDRESS **589 NE 57 ST**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **VP** ☒ Change ☐ Addition
 NAME **RENE ARSAN**
 STREET ADDRESS **405580 NE 4 CT**
 CITY-ST-ZIP **MIAMI, FL 33137**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 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: **René Arsan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

305-758-5155

Daytime Phone #

CR2E034 (10/00)