CR2E034 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2002 8:00 am P98000086101 DOCUMENT # **Secretary of State** 1. Entity Name 01-21-2002 90027 021 ***150.00 AYAN ENTERPRISES, INC. Principal Place of Business Mailing Address 1705 S.W. 83RD COURT 1705 S.W. 83RD COURT MIAM! FL 33155 MIÀMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0867717 Not Applicable Country Zip Country Zip \$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 -Name **BLANCO, CARLOS** Street Address (P.O. Box Number is Not Acceptable) 1705 S.W. 83RD COURT MIAMI FL 33155 City 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 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change **BLANCO, CARLOS** NAME NAME 1705 S.W. 83RD COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ 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 trusted entry that the corporation of the receiver or trusted entry that I am an officer or director of the corporation or the receiver or trusted entry that I am an officer or director of the corporation of the receiver or trusted entry that I am an officer or director of the corporation of the receiver or trusted entry that I am an officer or director of the corporation of the receiver or trusted entry that I am an officer or director of the corporation of the receiver or trusted entry that I am an officer or director of the corporation of the receiver or trusted entry that I am an officer or director of the corporation of the receiver or trusted entry that I am an officer or director of the corporation of the receiver or trusted entry that I am an officer or director of the corporation of the receiver or trusted entry that I am an officer or director of the corporation of the receiver or trusted entry that I am an officer or director of the corporation of the receiver or trusted entry that I am an officer or director of the corporation of the receiver or trusted entry that I am an officer or director of the corporation of the receiver of t 13. I hereby certify that the information supplied wi

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