

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**Jan 19, 2001 8:00 am
Secretary of State**

01-19-2001 90085 029 ***150.00

0489786


DOCUMENT # P99000017212

1. Entity Name
IVAN-RAN CORP.

Principal Place of Business 7788 NORTHWEST 64TH STREET MIAMI FL 33166	Mailing Address 7788 NORTHWEST 64TH STREET MIAMI FL 33166
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2. Principal Place of Business 8732 NW 119 ST	3. Mailing Address 8732 NW 119 ST
Suite, Apt. #, etc. BAY #4	Suite, Apt. #, etc. BAY #4

City & State HIALEAH, FL	City & State HIALEAH, FL
Zip 33018	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0905293	Applied For <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

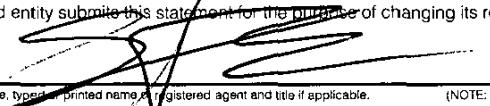
6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name GIOVANNY ESQUIVER
Street Address (P.O. Box Number is Not Acceptable) 8732 NW 119 ST. BAY #4
City HIALEAH
State FL
Zip Code 33018

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 **1/10/01**

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. (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
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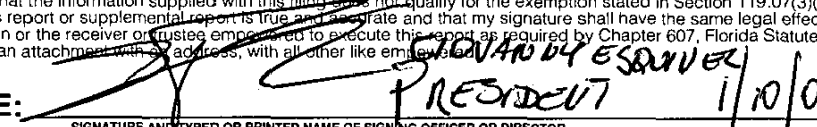
11. OFFICERS AND DIRECTORS

TITLE PSTD	NAME ESQUIVAL, GIOVANNY	<input type="checkbox"/> Delete
STREET ADDRESS 7788 NORTHWEST 64TH STREET	CITY-ST-ZIP MIAMI FL 33166	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD	NAME ESQUIVER, GIOVANNY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8732 NW 119 ST, #4	CITY-ST-ZIP HIALEAH, FL 33018	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 my address, with all other like employees.

SIGNATURE:  **PRESIDENT** DATE **1/10/01** DAYTIME PHONE # **(305) 556-5905**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)