

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90170 005 \*\*\*150.00

**DOCUMENT # P99000017212**

1. Entity Name  
**IVAN-RAN CORP.**

Principal Place of Business <b>8732 NW 119 ST          BAY #4          HIALEAH FL 33018</b>	Mailing Address <b>8732 NW 119 ST          BAY #4          HIALEAH FL 33018</b>
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2. Principal Place of Business <b>2495 W 80 St.          Suite, Apt. #, etc.          # 5</b>	3. Mailing Address <b>SMLE</b>
City & State <b>Hialeah, FL.</b>	City & State
Zip <b>33016</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0905293</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ESQUIVEZ, GIOVANNY          8732 NW 119 ST          BAY #4          HIALEAH FL 33018</b>	
7. Name and Address of New Registered Agent Name <b>GIOVANNY ESQUIVEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>2495 W 80 St. #5</b> City <b>Hialeah, FL</b> Zip Code <b>33016</b>	

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.

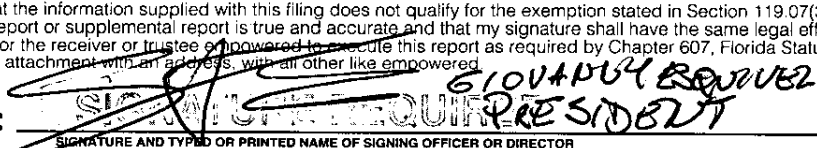
SIGNATURE  DATE **1-15-2002**

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 checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ESQUIVAL, GIOVANNY 8732 NW 119 ST #4 HIALEAH FL 33018</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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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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

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:  **GIOVANNY ESQUIVEZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/15/02** Daytime Phone #: **(305) 556-5905**

CR2E034 (9/01)