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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023071

1. Entity Name

PAYTON ENTERPRISES INC.

Principal Place of Business

7205 NW 68 ST.
SUITE #3
MIAMI, FL 33166

Mailing Address

1380 SW 142ND AVE.
MIAMI, FL 33184

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

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

MAYRA RIVERO
11830 SW 3RD ST.
MIAMI, FL 33184

Name IVONNE CARRASCO

Street Address (P.O. Box Number is Not Acceptable)

1380 SW 142ND AVE.

City MIAMI

FL

Zip Code 33184

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

Ivonne Carrasco

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
State 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 PRESIDENT
NAME IVONNE CARRASCO
STREET ADDRESS 1830 SW 142ND AVE.
CITY-ST-ZIP MIAMI, FL 33184

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VICE PRESIDENT
NAME MAYRA RIVERO
STREET ADDRESS 11830 SW 3RD ST.
CITY-ST-ZIP MIAMI, FL 33184

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Ivonne Carrasco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/02/01 (305) 888-6000

DATE Day/Time/Phone #

CR2E034 (11/00)

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PAYTON ENTERPRISES

November 2, 2001

Secretary of State
Division of corporations
P.O. BOX 63207
Tallahassee, FL 32314
Attn: Reinstatement Section

RE: PAYTON ENTERPRISES, INC. DOC. #P99000023077

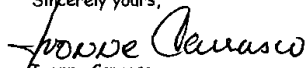
Dear Secretary of State:

The purpose of this letter is to please request reactivation of the above mentioned corporation, for which I have not filed renewal for the past two years, for the reason that we have not received the last two years uniform business reports, for these reason, we would like for your department to please waive reinstatement fees, and I would like to make changes as filed on the enclosed application.

I'm including the \$308.75 check for the two years 2000 and 2001 filing fees as indicated by your department, and \$8.75 for certificate of status.

I would appreciate a prompt attention to this matter, should you have any questions, please do not hesitate to contact me at (305) 888-6000.

Sincerely yours,


Ivonne Carrasco
President