2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90285 012 ***150.00

DOCUMENT # P99000023077

1. Entity Name
PAYTON ENTERPRISES INC.

Principal Place of Business	Mailing Address
8009 N.W. 36 ST. SUITE #220 MIAMI FL 33166	1380 SW 142ND AVE MIAMI FL 33184

2. Principal Place of Business		3. Mailing Address	
1380 S.W 142nd AVE		SAME	
Suite, Apt. #, etc.: MIAMI FL		Suite, Apt. #, etc.	
City & State: 33184		City & State	
Zip	Country	Zip	Country

FEI # 65100743747

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE ☒ 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
CARRASCO, IVONNE 1380 SW 142ND AVE MIAMI FL 33184	Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ivonne Carrasco 2/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRASCO, IVONNE 1830 SW 142ND AVE MIAMI FL 33184 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE_PRESIDENT MAYRA RIVERO 1380 S.W. 142nd Avenue ~~Miami, Fl 33184~~ ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Ivonne Carrasco (IVONNE CARRASCO) 2/11/03 (305) 753-2263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #