## FILED Feb 17, 2003 8:00 am Secretary of State

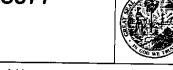
02-17-2003 90285 012 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P99000023077 1. Entity Name

PAYTON ENTERPRISES INC.



Principal Place of Business 8009 N.W. 36 ST. SUITE #220 MIAMI FL 33166

Mailing Address 1380 SW 142ND AVE MIAMI FL 33184

2. Principal Place of Bus		3. Mailing Address	·	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State 33\84		City & State		
Zip	Country	Zip	Country	-

FEI # CHECK HERE IF MAKING CHANGES 4. FEI Number

Applied For NOT APPLICABLE Not Applicable

\$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent			The required		
		7. Name and Address of New Registered Agent			
CARRASCO, IVONNE		Name			
1380 SW 142ND AVE MIAMI FL 33184		Street Address (P.O. Box Number is Not Acceptable)			
: 1 E 00 104					
1		City Zip C	ode		
The above named entity su	ubmits this statement for the purpose of changing its registr	ared office or registered agent, or both in the State of State of State of			

agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

460 SIGNATURE e, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be

make Tileci	k Payable to Florida Department of State			nost rund Contribution.	☐ Added	to Fees
10.20.3 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	NAME STREET ADDRESS CITY-ST-ZIP	VICE_PRESIDENT MAYRA RIVERO 1380 S.W. 142nd Avenue	☐ Change	<b>∑X</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	fiami, 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	artify that the information available the first	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR