

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90441 033 ***150.00

U430002
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DOCUMENT # P99000046553

1. Entity Name
RYDAN PROPERTIES, INC.



Principal Place of Business
**1950 71 ST
APT. 21
MIAMI BEACH FL 33141**

Mailing Address
**8951 NE 8 AVENUE
APT. 119
MIAMI FL 33138**

2. Principal Place of Business
**8951 NE PAVE
SUITE, APT. #, etc.
APT 119**

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI FLA.

City & State

Zip Country
33138 USA

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0923670**

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

**YERO, NORA
8951 NE 8 AVE
APT. 119
MIAMI FL 33138**

Name

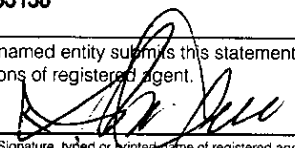
Street Address (P.O. Box Number is Not Acceptable)

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  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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD YERO, MARDEN 315-76 STREET MIAMI BEACH FL 33141	<input type="checkbox"/>		
VSD YERO, NORA 315-76 STREET MIAMI BEACH FL 33141	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)