

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060524

1. Entity Name

LAYMA CORPORATION

Principal Place of Business

8305 SW 152 AVE #403
MIAMI FL 33193

Mailing Address

8305 SW 152 AVE #403
MIAMI FL 33193

2. Principal Place of Business

1550 BRICKELL AVE.

Suite, Apt. #, etc.

415A

City & State

MIAMI, FL

Zip

33129

Country

DADE

3. Mailing Address

1550 BRICKELL AVE

Suite, Apt. #, etc.

415A

City & State

MIAMI, FL

Zip

33129

Country

4. FEI Number

65-0959074

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELASQUEZ, MONICA

8305 SW 152 AVE #403
MIAMI FL 33193

1550 BRICKELL AVE #415A
MIAMI, FL 33129

7. Name and Address of New Registered Agent

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.

SIGNATURE

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
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P VELASQUEZ, MONICA 8305 SW 152ND AVE #403 MIAMI FL 33193 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT VELASQUEZ, MONICA 1550 BRICKELL AVE #415A MIAMI, FL 33129 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90003 008 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)