

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90371 028 ***150.00

DOCUMENT # 209525
1. Entity Name. YALE OGRON MANUFACTURING COMPANY, INC.

Principal Place of Business 15201 NW 34 AVE OPA LOCKA FL 33054-2449	Mailing Address 15201 NW 34 AVE OPA LOCKA FL 33054-2449
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0830594	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OGRON, JEFFREY 15201 NW 34 AVE OPA LOCKA FL 33054-2449	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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, 2002 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBISON, JAMES 671 W 18TH ST HIALEAH FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY Pamela L. Fabbri 15201 NW 34th AVE Opa Locka, FL 33054 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGRON, YALE 671 W 18TH ST HIALEAH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ogron, YALE 15201 NW 34th AVE Opa Locka, FL 33054 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OGRON, JEFFREY 671 W 18TH ST HIALEAH FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ogron, JEFFREY 15201 NW 34th AVE Opa Locka, FL 33054 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBISON, JAMES 671 W. 18TH ST. HIALEAH FL ☒ 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
TITLE NAME STREET ADDRESS 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: *Jeffrey Ogron* **JEFFREY OGRON EVR** 4-12-02 305 687-0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)