

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90151 018 ****61.25

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**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F93000002482			
1. Entity Name YSI INTERNATIONAL CORPORATION			
Principal Place of Business 3700 NW 5th RIVER DR MIAMI, FL 33142 US		Mailing Address 3700 NW 5th RIVER DR MIAMI, FL 33142 US	
2. Principal Place of Business 8500 N. Sherman Cir. # 502 Suite, Apt. #, etc. MIRAMAR FL 33025 City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
4. FEI Number 38-3063186		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANTIGUA, NERKIN DR. 3350 EL JARDIN DR. #109 HOLLYWOOD, FL 33024		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when submitting) DATE _____			
FILE NOW FEES \$61.25		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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTIGUA, NERKIN DR. 8500 SHERMAN CIR N SUITE 502 MIRAMAR, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTIGUA, DIONNY R DR 7420 W 20TH AVE STE 164 HIALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTIGUA, JOSE M DR 8500 SHERMAN CIR N SUITE 602 MIRAMAR, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.			
SIGNATURE: 		Date: 4/25/03 (305) 979-6309	