

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90608 047 ***150.00

DOCUMENT # M11080

1. Entity Name
YOVANIS ENTERPRISES, INC.

Principal Place of Business 3100 BROADWAY RIVIERA BEACH FL 33404	Mailing Address 3100 BROADWAY RIVIERA BEACH FL 33404
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-2636259	Applied For
	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIAM J. BOSSO, JR. 2424 BROADWAY RIVIERA BEACH FL 33404		Name Gary B. Sellari CPA Street Address (P.O. Box Number is Not Acceptable) 560 Village Blvd Suite 335 City West Palm Beach FL Zip Code 33409	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$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	P GIOVANIS, CHRISTOS 1241 PINE POINT RD. RIVIERA BEACH FL 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Giovanis, Christos 3301 Broadway Riviera Beach, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOSSO, LUISA 2428 BROADWAY RIVIERA BEACH FL 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gary B. Sellari, CPA 560 Village Blvd Suite 335 West Palm Beach, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: _____ DATE: **3/5/2001** DAYTIME PHONE #: **561-686-1110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)