

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90007 027 ***150.00

DOCUMENT # P00000030022

1. Entity Name
YSD TRADING CO., INC.

Principal Place of Business
**1550 N.E. MIAMI GARDENS DRIVE
 SUITE 410
 NORTH MIAMI BEACH FL 33179**

Mailing Address
**1550 N.E. MIAMI GARDENS DRIVE
 SUITE 410
 NORTH MIAMI BEACH FL 33179**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2640 Hollywood Blvd.

3. Mailing Address
2640 Hollywood Blvd.

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
210

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

4. FEI Number
65-0999264

Applied For
 Not Applicable

Zip Country
33020 U.S.A.

Zip Country
33020 U.S.A.

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

**BUDOWSKY, ROBERT
 1550 N.E. MIAMI GARDENS DRIVE
 SUITE 410
 NORTH MIAMI BEACH FL 33179**

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 _____ 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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PVD LIMA, DAGOBERTO A**
 STREET ADDRESS **1550 N.E. MIAMI GARDENS DR., SUITE 410**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE Change Addition
 NAME **PD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **STD SCHWARTZMAN, YEHIEL**
 STREET ADDRESS **1550 N.E. MIAMI GARDENS DR., SUITE 410**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE Change Addition
 NAME **VD**
 STREET ADDRESS **1721 NW 104 AVENUE**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 reports 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04.26.2001** Daytime Phone # **954-9221212**

CR2E034 (10/00)