

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90137 037 ***150.00

DOCUMENT # P00000030022



1. Entity Name
YSD TRADING CO., INC.

Principal Place of Business
~~2640 HOLLYWOOD BLVD~~
~~210~~
~~HOLLYWOOD FL 33020~~

Mailing Address
2640 HOLLYWOOD BLVD
210
HOLLYWOOD FL 33020

2. Principal Place of Business
NONE

3. Mailing Address
1550 NE MIAMI GARDENS DRIVE
Suite, Apt. #, etc.
410

City & State

City & State
NORTH MIAMI BEACH, FL

Zip Country

Zip Country
33179 USA

4. FEI Number **65-0999264**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 11

| | | |
|----------------|--|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LIMA, DAGOBERTO A | |
| STREET ADDRESS | 1550 N.E. MIAMI GARDENS DR., SUITE 410 | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33179 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SCHWARTZMAN, YEHIEL | |
| STREET ADDRESS | 1721 NW 104 AVENUE | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33026 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

3/27/03

Date Daytime Phone #

CRE034 (10/02)