2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRIDED NAME OF SIGNING OFFICER

FILED **DOCUMENT # 282212** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name BILL YOUNG, INC. 04-24-2000 90079 020 ***150.00 Principal Place of Business Mailing Address 6940 S.W. 84 AVENUE 6940 S.W. 84 AVENUE MIAMI FLA 33143-2404 MIAMI FL 33143 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1050975 Not Applicable Country \$8.75 Additional Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG.HENRY WILLIAM Street Address (P.O. Box Number is Not Acceptable) 6940 SOUTHWEST 84 AVE MIAMI FL 33143 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent Agent Agent required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE YOUNG, HENRY WILLIAM NAME NAME STREET ADDRESS 6940 SW 84 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 ☐ Addition Change ☐ Delete TITLE YOUNG, HENRY WILLIAM NAME STREET ADDRESS STREET ADDRESS 6940 SW 84 AVE CITY-ST-ZIP CITY ST ZIP MIAMI, FL 00000 Addition TITLE-– 🔲 Delete 🕝 UILE YOUNG, SANDRA JEAN NAME STREET ADDRESS STREET ANDRESS 6940 S W 84 AVENUE CITY-ST-ZIP ST-ZIP MIAMI, FL 00000 ☐ Change Addition □ Delete TITLE HHLE NAME STREET ADDRESS and a remaining CITY-ST-7IP ST ZIP ☐ Addition ☐ Change ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP ST 212 ☐ Addition ☐ Change ☐ Delete TITLE STREET ADDRESS .__. <u>#00819</u>3 CITY-ST-ZIP ST 7IP i3. 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