FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State **DOCUMENT # 282212** 1. Entity Name 5-17-2001 91319 044 ***150.00 BILL YOUNG, INC. Principal Place of Business Mailing Address 6940 S.W. 84 AVENUE 6940 S.W. B4 AVENUE c069902 MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1050975 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Young SANDRA YOUNG, HENRY WILLIAM Street Address (P.O. Box Number is Not Acceptable) 6940 SOUTHWEST 84 AVE 84 MIAMI FL 33143 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Delete CR2E034 (10/00) TITLE Addition TITLE YOUNG, HENRY WILLIAM NAME NAME Young, Sample Jean 6940 SW SY Avenu STREET ADDRESS 6940 SW 84 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 molani Change Addition TITLE Delete YOUNG, HENRY WILLIAM NAME YOUNG, SANDER JEAN 6940 SW 84 ave. STREET ADDRESS 6940 SW 84 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 Addition TITLE ☐ Delete TITLE Change YOUNG, SANDRA JEAN young. Jean L. 1640 sw au 6940 S W 84 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 33143 Minmi Fl TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.