2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am Secretary of State DOCUMENT # 603941 1. Entity Name WILLIAM E. YOHAM D.C. PA 03-11-2002 90055 023 ***150.00 Principal Place of Business Mailing Address 6301 SUNSET DR 6301 SUNSET DRIVE MIAMI FL 33143-4822 SOUTH MIAMI FL 33143 US 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 59-1424114 Not Applicable Zip Country Country \$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 YOHAMA, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 6301 SUNSET DR SOUTH 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition YOHAM, WILLIAM NAME NAME 6301 SUNSET DRIVE STREET ADDRESS STREET ADDRESS SOUTH MIAMI FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME ENGLEMANN, ERNIE 6301 SUNSET DRIVE STREET ADDRESS STREET ADDRESS SO. MIAMI FL 33142 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition VOHAM, SANDRA J NAME NAME STREET ADDRESS **6301 SUNSET DRIVE** STREET ADDRESS CITY-ST-ZIP SO. MIAMI FL 33143 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ENGLEMANN, BARBARA NAME NAME STREET ADDRESS 6301 SUNSET DRIVE STREET ADDRESS SO. MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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:

SIGNATURE:

SIGNATURE AND TYPEF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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