

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 609497

1. Entity Name  
Y-H AGENCY, INC.  
1777 SOUTH ANDREWS AVENUE,  
FORT LAUDERDALE FLORIDA 33316

Principal Place of Business  
1777 SOUTH ANDREWS AVENUE  
FORT LAUDERDALE, FLA.,  
33316 Suite 200

2. Principal Place of Business  
1777 SOUTH ANDREWS AVENUE  
Suite 200  
City & State  
FORT LAUDERDALE, FLORIDA  
Zip Country

3. Mailing Address  
SAME  
Suite 200  
City & State  
Zip Country

4. FEI Number 59-1895629  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MCINTOSH, DOUGLAS M.  
500 EAST BROWARD BLVD. STE. 1800 (1800)  
FT. LAUDERDALE, FL 33394

## 7. Name and Address of New Registered Agent

Name  
LISBON G. HIGGS  
314 N. 32 nd, AVENUE  
HOLLYWOOD, FLORIDA  
33021-7024

FL Zip Code 33021-7024

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 *L. G. Higgs* (NOTE: Registered Agent signature required when reinstating) DATE

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE PD  
NAME HIGGS, LISBON  
STREET ADDRESS PO BOX N4139 N/A  
CITY-ST-ZIP NASSAU, BAHAMAS 00000 ☐ Delete

TITLE ST  
NAME ALBURY, RUPERT  
STREET ADDRESS PO BOX N4139 N/A  
CITY-ST-ZIP NASSAU, BAHAMAS 00000 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: *L. G. Higgs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Sep 10, 2001 8:00 am  
Secretary of State

09-10-2001 90003 029 \*\*\*563.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

(954) 524-4640