

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002818

1. Entity Name

YTS INVESTMENT, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90023 045 ***150.00

Principal Place of Business

Mailing Address

98 BATTERY STREET, SUITE 600
SAN FRANCISCO CA 94111

98 BATTERY STREET, SUITE 600
SAN FRANCISCO CA 33301-2649

2. Principal Place of Business

340 Sunset Drive, #1801

3. Mailing Address

340 Sunset Drive, #1801

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33301

Country

US

Zip

33301

Country

US

4. FEI Number

94-3197157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI FL 33156

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete
NAME STERN, YOAV
STREET ADDRESS 98 BATTERY STREET, SUITE 600
CITY-ST-ZIP SAN FRANCISCO CA 94111

TITLE CP ☒ Change ☐ Addition
NAME STERN, YOAV
STREET ADDRESS 340 SUNSET DRIVE, #1801
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE DS ☒ Delete
NAME KOFFLER, THEO
STREET ADDRESS 17 TARA HILL ROAD
CITY-ST-ZIP TIBURON CA 94920

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(f), 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)