

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90082 009 ***150.00

DOCUMENT # G15993

1. Entity Name
YASUNA MANAGEMENT CORP.

Principal Place of Business

C/O MARSHALL YASUNA
389 KNOTTYWOOD LANE
WELLINGTON FL 33414

Mailing Address

C/O MARSHALL YASUNA
389 KNOTTYWOOD LANE
WELLINGTON FL 33414

2. Principal Place of Business

C/O MARSHALL YASUNA
Suite, Apt. #, etc.
9063 BAY POINTE CIRCLE

3. Mailing Address

C/O MARSHALL YASUNA
Suite, Apt. #, etc.
9063 BAY POINTE CIRCLE

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip 33411

Country U.S.

Zip 33411

Country U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2240696

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YASUNA, MARSHALL
389 KNOTTY WOOD LN
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name YASUNA, MARSHALL
Street Address (P.O. Box Number is Not Acceptable)
9063 BAY POINTE CIRCLE
City WEST PALM BEACH FL 33411

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 *Marshall Yasuna* PRESIDENT

DATE 3/17/01

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, 2001 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	YASUNA, ROSE	
STREET ADDRESS	389 KNOTTY WOOD LN	
CITY-ST-ZIP	WELLINGTON, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YASUNA, MARSHALL	
STREET ADDRESS	389 KNOTTY WOOD LN	
CITY-ST-ZIP	WELLINGTON, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YASUNA ROSE	
STREET ADDRESS	9063 BAY POINTE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YASUNA, MARSHALL	
STREET ADDRESS	9063 BAY POINTE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Marshall Yasuna* PRESIDENT

DATE 3/17/01

DAYTIME PHONE # 561-793-7220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/00)