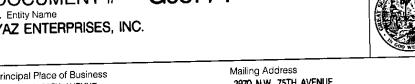
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90235 027 ***150.00

OOCUMENT #	G95774	
I. Entity Name YAZ ENTERPRISES, INC	D.	
IAE CHIEN INDES		



Principal Place of Business 2970 N.W. 75TH AVENUE MIAMI FL 33122		Mailing Address 2970 N.W. 75TH MIAMI FL 33122	2970 N.W. 75TH AVENUE						
Principal Place of Business 3. Mailing Address			ess			I INDITIN DETO IBIBLI DITIN 1800) IBIDIT BIBLI B			
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.		_	☐ CHECK HERE IF MAKING CI			
City & State		City & State			4. FEI N	59-2400000	Not /	lied For Applicable	
Zip	Country	Zip	Zip Country			cate of Status Desired LI Fe	Fee Required		
	. Name and Address of Curr	ant Pagistered Agent			7. Name	and Address of New Registered Ag	ent		
6	. Name and Address of Curi	en negistered agent		Name				ļ	
KRONFELD, MARK 2970 N.W. 75TH AVENUE MIAMI FL 33122			Street Address (P.O. Box Number is Not Acceptable)						
			City FL Zip Code ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
SIGNATURE Sign	ature, typed or printed name of registered NOW!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$55	0.00	(NOTE: Register	red Agent signature req		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added	May Be to Fees	
Make Check Pa	ayable to Florida Departme				ADDIT	IONS/CHANGES TO OFFICERS AND L	DIRECTORS	IN 11	
STREET ADDRESS 2	officers Ronfeld, Mark 970 n.w. 75th Avenue IIAMI Fl 33122	AND DIRECTORS	NA ST	ILE IME REET ADDRESS TY-ST-ZIP	AUUIT		Change	Addition	
TITLE NAME STREET ADDRESS	IMINITE SSIZE		N.	TLE AME TREET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete TI	TLE AME TREET ADDRESS ITY-ST-ZIP			Change	Addition	
CITY-ST-ZIP TITLE			Delete	ITLE			☐ Change	☐ Addition	

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

☐ Delete

☐ Delete

SIGNATURE:

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

☐ Change

☐ Addition

Addition