

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G97832

1. Entity Name
YASOU, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90115 014 ***150.00

Principal Place of Business

488 SUNNY ISLES BLVD
1ST FLR5
MIAMI BEACH FL 33160
US

Mailing Address

C/O MARC HAUSER, ESQ.
1111 KANE CONCOURSE #616
BAY HARBOR ISLANDS FL 33154-2044
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
1250-101 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Harris

City & State

City & State
Bay Harbor IS. FLA

4. FEI Number 59-2388047

Applied For
Not Applicable

Zip

Country

Zip

Country

33154 D.A.P.

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

HAUSER, MARC ESQ.
1111 KANE CONCOURSE
#616
BAY HARBOR ISLANDS FL 33154

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

1/7/00

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 PD
NAME MOSKOS, OLGA
STREET ADDRESS 1250 - 101ST STREET
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154 ☐ Delete

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

TITLE D
NAME MOSKOS, GEORGE
STREET ADDRESS 1250 - 101ST STREET
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-00 305-9476661

CR2E034 (9/99)