

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90007 016 ***150.00

DOCUMENT # G97832

1. Entity Name
YASOU, INC.



Principal Place of Business

**488 SUNNY ISLES BLVD
1ST FLR
MIAMI BEACH, FL 33160 US**

Mailing Address

**1250 101ST ST
BAY HARBOR ISLANDS, FL 33154 US**

54062684



2. Principal Place of Business

1111 Kane Concourse

3. Mailing Address

1111 Kane Concourse

Suite, Apt. #, etc.

Suite 616

Suite, Apt. #, etc.

Suite 616

07132004

Chg-P

CR2E034 (10/03)

City & State

Bay Harbor Islands, FL

City & State

Bay Harbor Islands, FL

4. FEI Number

59-2388047

Applied For

Not Applicable

Zip

33154

Country

U.S.

Zip

33154

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when rehashing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME **MOSKOS, GEORGE**
STREET ADDRESS **488 SUNNY ISLES**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME **Hauser, Marc**
STREET ADDRESS **1111 Kane Concourse, Suite 616**
CITY-ST-ZIP **Bay Harbor Islands, FL 33154**

TITLE SD ☐ Change ☒ Addition
NAME **Moskos, James**
STREET ADDRESS **6951 Crowngate Place**
CITY-ST-ZIP **Miami Lakes, FL 33014**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC HAUSER

7/13/04
Date

(305) 864-9934
Daytime Phone #

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

TYPE OR
PRINT IN
PERMANENT
BLACK INK

011561

CERTIFICATE OF DEATH FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST: GEORGE MIDDLE: JAMES LAST: MOSKOS		2. SEX MALE	
3. DATE OF DEATH (Month, Day, Year) AUGUST 9, 2003		4. SOCIAL SECURITY NUMBER 339-20-9903	
5a. AGE-Last Birthday (years) 75		5b. UNDER 1 YEAR Months: 0 Days: 0 Hours: 0 Minutes: 0	
6. DATE OF BIRTH (Month, Day, Year) DECEMBER 2, 1927		7. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS	
8a. PLACE OF DEATH (Check only one; see instructions on other side) <input checked="" type="checkbox"/> HOSPITAL: X Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify):		8b. INSIDE CITY LIMITS? (Yes or No) YES	
9c. FACILITY NAME (If not institution, give street and number) PARKWAY REGIONAL & MEDICAL CENTER		9d. CITY, TOWN, OR LOCATION OF DEATH NORTH MIAMI BEACH	
10a. DECEDENT'S USUAL OCCUPATION SELF EMPLOYED		10b. KIND OF BUSINESS/INDUSTRY RESTAURANT	
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) WIDOWED		12. SURVIVING SPOUSE (If alive, give maiden name)	
13a. RESIDENCE - STATE FLORIDA		13b. COUNTY MIAMI-DADE	
13c. CITY, TOWN, OR LOCATION BAY HARBOR ISLAND		13d. STREET AND NUMBER 1250 - 101 STREET	
13e. INSIDE CITY LIMITS? (Yes or No) YES		13f. ZIP CODE 33154	
14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify: Not of Yes: <input type="checkbox"/> Yes: Specify Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/>		15. RACE - American Indian, Black, White, etc. (Specify) WHITE	
16. DECEDENT'S EDUCATION (Specify: only highest grade completed) Elementary/Secondary: 12 College: 1-4		17. FATHER'S NAME (First, Middle, Last) JAMES GEORGE MOSKOS	
18. MOTHER'S NAME (First, Middle, Maiden Surname) ANASTASIA AFINDULE		19a. INFORMANT'S NAME (Type/Print) JAMES MOSKOS	
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 488 SUNNY ISLES BLVD, SUNNY ISLES BEACH, FLORIDA 33160		20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Other (Specify): Entombment	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) SOUTHERN MEMORIAL PARK		20c. LOCATION - City or Town, State NORTH MIAMI, FLORIDA	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (of Licensee) FS3297	
21c. NAME AND ADDRESS OF FACILITY Litigow-Bennett-Philbrick Funeral Home 15011 West Dixie Highway North Miami, Florida 33181		22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. Signature and Title: <i>[Signature]</i> MD	
22b. DATE SIGNED (Mo, Day, Yr) 8/11/03		22c. HOUR OF DEATH 11:51 AM	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title): <i>[Signature]</i> MD	
23b. DATE SIGNED (Mo, Day, Yr) 8/11/03		23c. HOUR OF DEATH 2:00 PM	
23d. MEDICAL EXAMINER'S CASE #		24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) LISA EDGERTON, MD - 999 PONCE DE LEON BLVD #930, CORAL GABLES, FLORIDA 33134	
25a. LOCAL REGISTRAR - SIGNATURE AND DATE <i>[Signature]</i> 08/11/03		25b. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>	
25c. DATE REGISTERED AUG 15 2003			

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

SEP 18 2003

BY

[Signature]

State Registrar

WARNING:

14728546

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF
HEALTH

CERTIFICATION OF VITAL RECORD

DOH FORM 1564 (10-99)

Attachment
Doc. # G97832 5402684

IN THE CIRCUIT COURT OF THE 11TH JUDICIAL CIRCUIT IN AND FOR MIAMI-
DADE COUNTY FLORIDA

IN RE: The Estate of

GEORGE MOSKOS

Deceased.

PROBATE DIVISION

FILE NO. 03-03703

DIVISION NO. 1

03 DEC -2 AM 9:52

CLERK
MIAMI-DADE COUNTY COURTS
MIAMI-DADE COUNTY, FLA
FAMILY #1

**LETTERS OF ADMINISTRATION (Unrestricted)
(Multiple Personal Representatives)**

TO ALL WHOM IT MAY CONCERN:

WHEREAS, **GEORGE MOSKOS**, a resident of Miami-Dade County, Florida died on August 9, 2003, owning assets in the State of Florida; and

WHEREAS, Marc Hauser, Esq. and James Moskos have been appointed personal representatives of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW THEREFORE, I the undersigned Circuit Judge, declare: Marc Hauser, Esq. and James Moskos to be duly qualified under the laws of the State of Florida to act as personal representatives of the estate of **GEORGE MOSKOS** deceased, with full power to administer the estate according to law, to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

WITNESS my hand and the seal of this court this 2nd day of December, 2003

THESE LETTERS DO NOT AUTHORIZE
ENTRY INTO ANY SAFE DEPOSIT BOX
WITHOUT FURTHER ORDER OF COURT

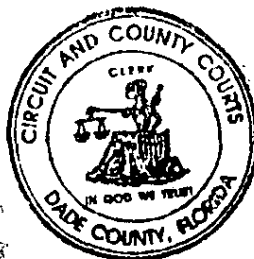
[Signature]
Circuit Judge

SIDNEY B. SHAPIRO

Form No. P-3, 0700

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A:\Moskos Estate\LOA (unrestricted).doc



STATE OF FLORIDA
COUNTY OF DADE

I, THE UNDERSIGNED, Deputy Clerk, Circuit Court, Dade County, Florida, DO HEREBY CERTIFY the within and foregoing is a true and correct copy of the original as it appears on record and file in this office of the Circuit Court, Dade County, Florida, and that same is in full force and effect.
WITNESS my hand and Seal of the Circuit Court at Miami, Florida, this _____ day of _____, A.D. 2003

Clerk, Circuit Court

By *[Signature]*
Deputy Clerk Circuit Court
ROBERT MARKS

DEC 02 2003

Attachment 34062684
Doc # G97832
MINUTES OF SPECIAL MEETING
OF THE BOARD OF DIRECTORS
OF
PARSLEY HILLS COMPANY

The special meeting of the acting Board of Directors of the above-captioned Corporation was held on the 29 day of September, 2003.

The meeting was called to order by Marc Hauser, Esq. and James Moskos, serving as Personal representatives in accordance with Letters of Administration issued to them, of the estate of George Moskos deceased, who was the sole shareholder of the corporation, and whose stock in the corporation has now passed to his estate under the terms of his last will and testament. The contract for the sale of the property located at 488 Sunny Isles Blvd, Sunny Isles Beach, Miami-Dade County, Florida, including the land and ~~buildings located thereon, including the restaurant known as "The Lagoon Restaurant and Lounge",~~ and marina and fuel dock operations, which was executed by the decedent-shareholder prior to his death, was presented for review.

In accordance with the Petition therefore, presented to the Circuit Court in Miami-Dade County, Florida in which the probate of the estate of George Moskos is currently pending, the undersigned have been appointed as acting interim President and Secretary of the corporation, empowered with the right to execute any and all documents concerning the sale of the above-described property, including the instant resolution.

After discussion, upon motion duly made, seconded and carried, it was

RESOLVED, that Marc Hauser, Esq. and James Moskos are the duly appointed and acting interim President and Secretary, respectively of the corporation and acting directors thereof, and

RESOLVED, that Marc Hauser, Esq. and James Moskos as Directors of the corporation are hereby authorized, empowered and directed to take any and all action necessary and desirable and to execute any and all documentation in order to effect the sale of the above-described property to:

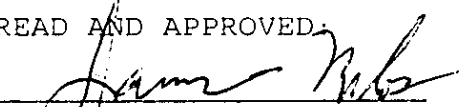
488 Sunny Isles, Inc. a Florida Corporation

There being no further business to come before the meeting, upon motion duly made, seconded and carried, the same was adjourned.

BY: 

MARC HAUSER, ESQ. INTERIM PRESIDENT/DIRECTOR

READ AND APPROVED:


JAMES MOSKOS, Interim Secretary/Director

Attachment 24062684
Doc. # G97832
MARC HAUSER

ATTORNEY AT LAW
CONCOURSE PLAZA
SUITE 616

1111 KANE CONCOURSE
BAY HARBOR ISLANDS, FLORIDA 33154
FAX (305) 866-3159
(305) 864-9934

MARC HAUSER, ESQ.
DAVID L. HAUSER, ESQ.

July 13, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2004 Annual Report
Entity Name: Yasou, Inc.

To Whom It May Concern,

The undersigned represents the estate of George Moskos, who died on August 9, 2003. Enclosed are copies of his Death Certificate and Letters of Administration. Mr. Moskos was the Principal/Director of Yasou, Inc. In order to facilitate the sale of part of the corporate property, James Moskos and myself, as the acting Co-Personal Representatives of the estate, were appointed as the interim Secretary/Director and interim President/Director, respectively, of Yasou, Inc. A copy of the Corporate Resolution reflecting same is attached hereto for your reference.

During the administration of the estate, our firm had all of Mr. Moskos's mail forwarded to our law office. Unfortunately, the Notice to file the annual report for Yasou, Inc. was not received by our office until last week. Enclosed herewith is the completed 2004 Annual Report, along with our trust account check in the sum of \$150.00 for the filing fee.

If we can be of any further assistance in this matter, please do not hesitate to contact us.

Very Truly Yours,

Marc Hauser, Esq.

Enclosures