

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90039 017 \*\*\*150.00

**DOCUMENT # H49527**

1. Entity Name

**YAYA'S, INC.**

Principal Place of Business

Mailing Address

~~8999 PARK BLVD  
 LARGO FL 33777  
 US~~

~~6950 CENTRAL AVENUE  
 SUITE #140  
 ST. PETERSBURG FL 33707-1248  
 US~~

2. Principal Place of Business

3. Mailing Address

8999 Park Blvd  
 Suite, Apt. #, etc.

521 S. Dort Hwy  
 Suite, Apt. #, etc.

City & State

City & State

Seminole FL

Elint MI

Zip

Country

Zip

Country

33777 US

48503 US

4. FEI Number

59-2527475

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

Name **Michael Alden**

Street Address (P.O. Box Number is Not Acceptable)

300 First Avenue North

City **St. Petersburg FL** Zip Code **33701**

~~MCNAMARA & ASSOC., P.A.  
 6950 CENTRAL AVENUE  
 SUITE #140  
 ST. PETERSBURG FL 33707~~

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 *Michael H. Alden*

**MICHAEL H. ALDEN**

4/11/00  
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	CHINONIS, JOHN D.	6009 PLANTATION AVE	GRAND BLANC MI	<input type="checkbox"/>
V	CHINONIS, GUS C	9581 BURNING TREE DR	GRAND BLANC MI	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*John D. Chinonis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00 810-235-6550

CR2E034 (9/99)