

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2003 8:00 am  
Secretary of State

02-26-2003 90164 045 \*\*\*150.00

DOCUMENT # **J31983**



1. Entity Name  
**Y.Z.Y., INC.**

Principal Place of Business  
**6300 NW 72ND AVENUE  
MIAMI FL 33166**

Mailing Address  
**6300 NW 72ND AVENUE  
MIAMI FL 33166**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2762879**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**BOUSKILA, SIMON  
6300 NW 72ND AVENUE  
MIAMI FL 33166**

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                     | STREET ADDRESS             | CITY-ST-ZIP           | <input type="checkbox"/> Delete |
|-------|--------------------------|----------------------------|-----------------------|---------------------------------|
|       | <b>P BOUSKILA, SIMON</b> | <b>6300 NW 72ND AVENUE</b> | <b>MIAMI FL 33166</b> | <input type="checkbox"/>        |
|       |                          |                            |                       | <input type="checkbox"/>        |
|       |                          |                            |                       | <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 checked="" type="checkbox"/> Addition |
|-----------------|-------------------|--------------------------|------------------------|---------------------------------|--|
| <i>Director</i> | <i>ZVI SHCHER</i> | <i>6300 NW 72 AVENUE</i> | <i>Miami, FL 33166</i> | <input type="checkbox"/>        | <input checked="" 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"/>        | <input type="checkbox"/>                     |
|                 |                   |                          |                        | <input type="checkbox"/>        | <input type="checkbox"/>                     |

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 persons empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/18/03* *305-471-0123*  
Date Daytime Phone #

CR2E034 (10/02)