

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90071 044 ***150.00

DOCUMENT # K30399

1. Entity Name

YCF CO.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3600 N.W. 37 Court

3. Mailing Address

3700 N.W. 37 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Miami, Fl.

4. FEI Number

65-01310177

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33142

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lily Feldman

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

3600 N.W. 37 Court

City

Miami

FL

Zip Code

33142

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

Lily Feldman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/27/03

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	D	TITLE	
NAME	Lily Feldman	NAME	
STREET ADDRESS	3600 N.W. 377 Court	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33142	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Charles Feldman	NAME	
STREET ADDRESS	3600 N.W. 37 Court	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33142	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Sharon Frier	NAME	
STREET ADDRESS	3600 N.W. 37 Court	STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33142	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lily Feldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-27-03

CR2E034B (12/01)