

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY 23 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000008266**

1. Entity Name

YANG AMERICAS, LLC

Principal Place of Business

Mailing Address

**1419 ST Gabrielle Lane #4006
WESTON, FL 33326**

2. Principal Place of Business

3. Mailing Address

1419 ST Gabrielle Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4006

Same

City & State

City & State

WESTON, FL

Zip

Country

Zip

Country

33326

4. FEI Number

62-1023578

Applied For

Not Applicable

3. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Corporate Creations Networks Inc.
941 Fourth Street # 200
Miami Beach, FL 33139**

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 fee if applicable

NOTE: Registered Agent signature required when existing

DATE

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: **MGR** Delete
NAME: **YOLANDA FERIANIDA**
STREET ADDRESS: **1419 ST Gabrielle Lane #4006**
CITY-ST-ZIP: **WESTON, FL 33326**

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

TITLE: **MGR** Delete
NAME: **YANG DAVID**
STREET ADDRESS: **1419 ST Gabrielle Lane #4006**
CITY-ST-ZIP: **WESTON, FL 33326**

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

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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I hereby certify that the information provided with the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Yolanda Ferianida

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING REGISTERED AGENT, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2003 (1/00)