

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90352 016 ****50.00

DOCUMENT # L00000008266

1. Entity Name
YANG AMERICAS, LLC

Principal Place of Business Mailing Address
1419 ST GABRIELLE LANE #4006 **1419 ST GABRIELLE LANE #4006**
WESTON FL 33326 **WESTON FL 33326**

2. Principal Place of Business 3. Mailing Address
1070 SOUTH WEST 46 AVE #212 Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
POMPANO BEACH, FL
 Zip Country
33069 **Broward**

City & State
 Zip Country

4. FEI Number Applied For
65-1023576 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YOLANDA FERIA, NIDIA
1419 ST GABRIELLE LANE #4006
WESTON FL 33326

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.

SIGNATURE *[Signature]* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---------------------------------|--|---|---|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | MGR YOLANDA FERIA, NIDIA 1419 ST GABRIELLE LANE NO 4006 WESTON FL 33326 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1070 SW 46 AVE #212 POMPANO, BEACH, FL 33069 |
| <input type="checkbox"/> Delete | MGR YANG, DAVID 1419 ST GABRIELLE LANE NO 4006 WESTON FL 33326 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1070 SW 46 AVE #212 POMPANO BEACH, FL 33069 |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

11. 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 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: *[Signature]* SIGNATURE REQUIRED

1-117-02(984)629-7117

CR2E083 (9/01)