

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90153 006 ***150.00

DOCUMENT # L07256

1. Entity Name
YAMATO CENTER, INC.

Principal Place of Business

% HENRY A. FRICKE
 2500 MILITARY TRAIL SUITE 200
 BOCA RATON FL 33431

Mailing Address

% HENRY A. FRICKE
 2500 MILITARY TRAIL SUITE 200
 BOCA RATON FL 33431



2. Principal Place of Business
 101 Pineapple Grove Way

Suite, Apt. #, etc.

3. Mailing Address
 101 Pineapple Grove Way

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Delray Beach, FL

City & State
 Delray Beach, FL

4. FEI Number
 65-0137403

Applied For
 Not Applicable

Zip
 33444

Country

Zip
 33444

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRICKE, HENRY A.
 2500 MILITARY TRAIL
 SUITE 200
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
 Fricke, Henry A.
 Street Address (P.O. Box Number is Not Acceptable)
 101 Pineapple Grove Way
 City
 Delray Beach FL Zip Code
 33444

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 Henry A. Fricke Henry A. Fricke 3/1/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUGLIESE, III, ANTHONY 2500 MILITARY TRAIL #200 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRICKE, HENRY A 2500 MILITARY TRAIL SUITE 200 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pugliese, Anthony V. III 101 Pineapple Grove Way Delray Beach, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Fricke, Henry A. 101 Pineapple Grove Way Delray Beach, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOTE: Changes are of address only.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Henry A. Fricke Henry A. Fricke 3/1/02 561-330-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)