

2001 UNIFORM BUSINESS REPORT (UBR)

0006058 AF

DOCUMENT # L99000004600
 1. Entity Name
 YAFA, L.C.

FILED

2001 MAY -2 PM 12:29

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



Principal Place of Business: 7380 SANDLAKE ROAD, STE 525, ORLANDO FL 32819
 Mailing Address: 7380 SANDLAKE ROAD, S E 525, ORLANDO FL 32819

2. Principal Place of Business: 4908 WaterVista Dr
 3. Mailing Address: 4908 WaterVista Dr
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Orlando, FL
 Zip: 32821
 Country: US

4. FEI Number: 59-3641586
 Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHROEDER AND LARCHE, P.A.
 2255 GLADES RD., STE 319-A
 BOCA RATON FL 33431-7313

7. Name and Address of New Registered Agent
 Name: Abdulfattah Abdullah
 Street Address (P.O. Box Number is Not Acceptable): 4908 WaterVista Drive
 City: Orlando FL Zip Code: 32821

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: Abdulfattah Abdulfattah Abdullah
 Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME MGRM ABDULLAH, ABDULFATTAH	<input type="checkbox"/> Delete
STREET ADDRESS 7380 SANDLAKE RD, STE 525	
CITY-ST-ZIP ORLANDO FL 32819	
TITLE NAME MGRM ABDULLAH, NUHA A	<input type="checkbox"/> Delete
STREET ADDRESS 7380 SANDLAKE RD, STE 525	
CITY-ST-ZIP ORLANDO FL 32819	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE NAME MGRM Abdulfattah, Abdullah	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4908 WaterVista Drive	
CITY-ST-ZIP Orlando FL 32821	
TITLE NAME MGRM Abdullah, Nuha	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4908 WaterVista Dr	
CITY-ST-ZIP Orlando FL 32821	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: Abdulfattah Abdulfattah Abdullah
 Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
 Date: 4/3/01
 Daytime Phone #: 407-354-1491

CR2E083 (11/00)