

2001 UNIFORM BUSINESS REPORT (UBR)

0014092 AF

DOCUMENT # L99000008630

1. Entity Name

YESAYE, L.C.

FILED

01 MAR 19 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2133 VINING CIRCLE APT. 105
WELLINGTON FL 33414

Mailing Address

2133 VINING CIRCLE APT. 105
WELLINGTON FL 33414

2. Principal Place of Business

8067 DILLMAN RD

3. Mailing Address

8067 DILLMAN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W.P.B. FL

City & State

W.P.B. FL

Zip

33411

Country

P.B.

Zip

33411

Country

P.B.

4. FEI Number

65-0970214

Applied For

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

WARDALLY, CLIFFORD
FUCHS AND JONES, P.A.
590 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

CLIFFORD A. WARDALLY

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

8067 DILLMAN ROAD

W.P.B.

City

FLORIDA

FL

Zip Code

33411

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 title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

MARCH-14-01

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

9. MANAGING MEMBERS/MEMBERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR
WARDALLY, CLIFFORD A
2133 VINING CIRCLE, APT. 105
WELLINGTON FL 33414

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

8000003909468

03/26/01-01039-008

*****50.00 *****50.00

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

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: X

SIGNATURE REQUIRED

03-14-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)