

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90091 050 ***150.00

ACU39751



DO NOT WRITE IN THIS SPACE

DOCUMENT # M43855

1. Entity Name

Y.S.P., INC.

Principal Place of Business

Mailing Address

1500 SAN REMO. #178
 1500 SAN REMO. #178
 CORAL GABLES FL 33146
 US

1500 SAN REMO. #178
 1500 SAN REMO. #178
 CORAL GABLES FL 33146-3041
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2799686

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEGAL, WILLIAM J., P.A.
 20801 BISCAYNE BLVD #304
 AVENTURA FL 33180

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 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD Delete
 PAYNE, SHELLEY L.
 1500 SAN REMO #178.
 CORAL GABLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VD Delete
 YAEGER, STEPHEN
 1500 SAN REMO #178
 CORAL GABLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STD Delete
 SHIPLEY, VIRGINIA
 1500 SAN REMO #178
 CORAL GABLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Shelley Payne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Shelley L. Payne

Date: 4/10/00 Daytime Phone #: 305-667-0918

CR2E034 (9/99)