

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0017361 AB

DOCUMENT # M99000000398

1. Entity Name
YA HOLDINGS, LLC

00 APR 17 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
207 PROSPECT PARK, SW #8A
BROOKLYN NY 11218

Mailing Address
207 PROSPECT PARK, SW #8A
BROOKLYN NY 11218-1557



2. Principal Place of Business
840 BERT RD.

3. Mailing Address
840 Bert Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MDM

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number
52-2148736

Applied For
Not Applicable

Zip 32211 Country DUVAL

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOBELMAN, ROBERT C
200 WEST FORSYTH STREET, SUITE 1700
JACKSONVILLE FL 32202

Name
BEN SHMUL

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

840 BERT RD.

City JACKSONVILLE

FL

Zip Code 32211

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 Ben SHMUL MANAGING DIRECTOR

2/1/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

200003239722--4
-05/04/00--01076--006
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS SHMUL, BEN
CITY-ST-ZIP 207 PROSPECT PARK, SW #8A
BROOKLYN NY 11218

TITLE NAME MANAGING DIRECTOR
STREET ADDRESS BEN SHMUL
CITY-ST-ZIP 840 BERT RD.
JACKSONVILLE FL 32211

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

MANAGING DIRECTOR

Date

Daytime Phone #

(904) 721 1163

CR2E083 (9/99)