

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007349

1. Entity Name

Y-NOT ART PRODUCTIONS INC.

Principal Place of Business

1541 CALAIS DRIVE
MIAMI BEACH FL 33141

Mailing Address

1541 CALAIS DRIVE
MIAMI BEACH FL 33141

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

31-1757427

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, GINA
1541 CALAIS DRIVE
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D *President* ☐ Delete
NAME CUNNINGHAM, GINA
STREET ADDRESS 1541 CALAIS DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE D *Vice President* ☐ Delete
NAME EVES, PETER
STREET ADDRESS 1541 CALAIS DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE D *Treasurer* ☐ Delete
NAME CUNNINGHAM-EVES, KATHERINE
STREET ADDRESS 1541 CALAIS DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *SECRETARY* ☐ Change ☐ Addition
NAME YVES EDOUARD
STREET ADDRESS 811 SOUTH SHORE DR
CITY-ST-ZIP MIAMI BCH 33141

TITLE *2nd V President* ☐ Change ☐ Addition
NAME ORAL MORRES
STREET ADDRESS 650 N.E. 64 ST. # 408-G
CITY-ST-ZIP MIAMI FL 33138

TITLE *Secretary* ☐ Change ☐ Addition
NAME ARLENE BACALLO
STREET ADDRESS 1670 LINCOLN CT
CITY-ST-ZIP MIAMI BCH 33139

TITLE *Secretary* ☐ Change ☐ Addition
NAME BARBARA BOSE
STREET ADDRESS 811 SOUTH SHORE DR
CITY-ST-ZIP MIAMI BCH 33141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

04/15/01

861 5155

ad mended report: all titles of all officers provided May 11 2001
all directors name have a D

FILED
Jul 06, 2001 8:00 am
Secretary of State

04-23-2001 90050 034 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)