2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90138 016 ****61.25

DOCUMENT # N96000001071

1. Entity Name

PROJECT Y.E.S., INC.

Principal Place of Business	Mailing Address
5275 SUNSET DRIVE MIAMI FL 33143-5919	5275 SUNSET DRIVE MIAMI FL 33143-5919

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: MIAMI FL	City & State: MIAMI, FL
Zip: 33143 Country: USA	Zip: 33143 Country: USA

4. FEI Number 65-0646667 ☐ Applied For ☐ Not Applicable

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
FUGATE, MARTHA 6750 S.W. 59TH STREET MIAMI FL 33143	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BARDEN, CONNIE 6750 SW 59TH STREET MIAMI FL 33143 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BILL ROSS 1395 BRICKELL AVE, 4th FLOOR MIAMI, FL 33131 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ALLEN, NANCY 6770 S.W. 59TH STREET MIAMI FL 33143 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC OLDAKOWSKI, ROBERT 5275 SUNST DR MIAMI FL 33143 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JOVER, JUAN 100 LINCOLN RD PENT 6 MIAMI FL 33139 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BILL ROSS 1395 BRICKELL AVE, 4th FLOOR MIAMI, FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 1-19-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #