

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000004422**

1. Entity Name

**YES WE CAN, INC.****FILED****May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90080 017 \*\*\*150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 1697  
BOCA RATON FL 33429POST OFFICE BOX 1697  
BOCA RATON FL 33429-1697

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

05-0962806

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****AUSTIN, DELILAH**  
**1631 N.W. 24TH TERRACE**  
**FORT LAUDERDALE FL**

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 **D** ☐ Delete  
NAME **DELANCY, MARSHA**  
STREET ADDRESS **2390 N.W. 34TH ROAD**  
CITY-ST-ZIP **COCONUT CREEK FL 33066**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **ROBINSON, CONSTANTINA**  
STREET ADDRESS **3374 N.W. 33RD AVENUE**  
CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **WALKER, DONNA M**  
STREET ADDRESS **201 W. PALMETTO PARK ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **WHISMAN, BETSY**  
STREET ADDRESS **800 MEADOWS ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33486**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **CARPENTER, DORIS**  
STREET ADDRESS **800 MEADOWS ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33486**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **HANNA, CYNTHIA**  
STREET ADDRESS **4848 N.W. 8TH COURT**  
CITY-ST-ZIP **PLANTATION FL 33311**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

Date

Daytime Phone #

5-15-2000

CR2E037 (9/93)