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FILED
Aug 31, 2001 8:00 am
Secretary of State

05-18-2001 91589 035 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011088

1. Entity Name
YC 2402, Inc.

Principal Place of Business	Mailing Address
YC 2402, Inc. 90 Alton Road, #2402 Miami Beach, Florida 33139	YC 2402, Inc. 90 Alton Road, #2402 Miami Beach, Florida 33139
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4343425 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Jose A. Rodriguez, P.A.
777 Brickell Avenue, Suite 950
Miami, Florida 33131

7. Name and Address of New Registered Agent

Name Jose A. Rodriguez, P.A.
Street Address (P.O. Box Number is Not Acceptable) 150 Alhambra Circle, Suite 1270
City Coral Gables. FL Zip Code 33134

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] (NOTE: Registered Agent signature required when reinstating) DATE 4/30/0

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, 2001 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,P,S, T, Andrea Stivelberg 90 Alton Road, Suite 2402 ~~Miami Beach, Florida 33139~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,P,S,T, Andrea Stivelberg 90 Alton Road, Suite 2402 ~~Miami Beach, Florida 33139~~ ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] as Attorney in Fact for President 4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE