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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2001 8:00 am
Secretary of State

05-16-2001 90098 045 ***150.00

DOCUMENT # P00000015406

1. Entity Name
YA YA INVESTMENT CLUB OF CORAL GABLES, INC.

Principal Place of Business	Mailing Address
6510 RIVIERA DR. CORAL GABLES FL 33146	6510 RIVIERA DR. CORAL GABLES FL 33146

[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE
13-5674085-

4. FEI Number 65-0982559 — 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
TART, RUTH 4500 UNIVERSITY DR. CORAL GABLES FL 33146	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

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: TREASURER NAME: NORMA FRASER STREET ADDRESS: 6510 RIVIERA DR. CITY-ST-ZIP: CORAL GABLES FLORIDA 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: SECRETARY NAME: HALLIE YANNO STREET ADDRESS: 4220 UNIVERSITY DR CITY-ST-ZIP: CORAL GABLES FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VICE PRESIDENT NAME: DOROTHY NORTON STREET ADDRESS: 10 EDGEWATER DRIVE #126 CITY-ST-ZIP: CORAL GABLES FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: CO-SECRETARY NAME: DALE DOWLAN STREET ADDRESS: 4700 UNIVERSITY DRIVE CITY-ST-ZIP: CORAL GABLES FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: CO-TREASURER NAME: MARY BABCOCK - PARKLES STREET ADDRESS: 23750 SW 147TH AVE CITY-ST-ZIP: MIAMI FL 33 032 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: PRESIDENT NAME: RUTH TART STREET ADDRESS: 4500 UNIVERSITY DR CITY-ST-ZIP: CORAL GABLES FL. 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (10/00)

13. 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: Mary A Babcock Tres. 4/30/01 305-257-2099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #