2002 UNIFORM BUSINESS REPORT (UBR)

200	2 UNIFORM BUS	INESS REPO	RT	(UBR)	_		05-02-200				
	MENT # P0000	0021127		1		FI		P000000)21127	7	
1. Entity National INDULGE	NCE BY YOYI INC. O2 MAY -8 PM 1: 36 SECRETARY OF STATE TALL AHASSEE, FLORIDA Place of Business Mailing Address Place of Business 3. Mailing Address Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0988142 Applied For Not Applicab Country Country DEZ, LOYDA LINS AVE, APT 1208 Name O2 MAY -8 PM 1: 36 SECRETARY OF STATE TALL AHASSEE, FLORIDA Applied For Not Applied For Not Applicab Country Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicab Not Applicab To Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)										
				***		SECRETA	RY OF S	TATE			
(·	ce of Business	-] 1	FALLAHAS	OEE, TE	אטוווע			
363 NE 61 STREET MIAMI FL 33137		•			-						
Principal Place of Business				·-	1	A LANGILANTI SIL RARII	COSOJ C osoj oblija u	8141 00 110 11 0 01		1 (1817 HOOL 1907	
Suite, Apr	t. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State		4. FE	Number 65	0988142					
Zip	Country	Zip	Coun	itry	5 . Ce	ertificate of Status	Desired	□ \$8 Fee	.75 Ad Require	ditional ed	
	6. Name and Address of Current	Registered Agent		Name			s of New Regi	stered Age	nt		
HERNAN	DEZ. LOYDA	<u> </u>						~ -			
5775 COLLINS AVE, APT 1208				Street Address (P.O. Box Number is Not Acceptable)							
MIAMI BE	ACH FL 33140			<u></u>	· •						
		City					FL	Zip Cod	ie		
8. The above	e named entity submits this statement fo	r the purpose of changing its r	egister	ed office or register	red ager	t, or both, in the	State of Florida	3.			
SIGNATURE	Signature, typed or printed name of registered agent a	und title if applicable. (NOTE:	Registere	d Agent signatura required	d when reins	tating)		DATE			
	oration is eligible to satisfy its Intangible	FILE NOW!!				10. Election Car	moaign Financ	ina	\$ 5.0	O May Be	
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fe Make Check Payable to							Contribution.			d to Fees	
11.	OFFICERS AND	DIRECTORS	12.		ADDI	TIONS/CHANGE	S TO OFFICE	RS AND DIF	RECTOR	S IN 11	
TITLE NAME	PD Delete HERNANDEZ, LOYDA								Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	5775 COLLINS AVE., #1208 MIAMI FL 33140		STRE	ET ADDRESS ST-ZIP		,					
TITLE		☐ Delete	TITLE	I	,	~ ~			Change	☐ Addition	
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CITY-ST-ZIP			CITY-	ST-ZIP		M75	115				
TITLE NAME		☐ Delete	TITLE NAME	i i		h	1		Change	Addition	
STREET ADDRESS			STREE	T ADORESS		(,				
CiTY-S1-ZiP	pertify that the information supplied with	this filing does not qualify by		ST-ZIP	Clion 119	07(3Vi) Florida	Statutae I fuel	har cartifu II	ant the in	formation	
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 eath; that I am an officer or director of the corporation or the reserver or truefee emptivered 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 attackment with an address, with all other like empowered.											
SIGNAT	URE STATE	Mezzer)	Œ			4-19 Date	-0Z				
	SIGNATURE WHO TYPED OR PR	INTED NAME OF SIGNING OFFICER OF)R		Date		Daytima	Phone #		