

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90129 022 ***150.00

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DOCUMENT # P00000023691



1. Entity Name
YVE & ASSOCIATES, INC.

Principal Place of Business
~~950 NW 141ST AVENUE #108~~
PEMBROKE PINES FL 33028
3921 SW 186 Ave
MIRAMAR FL 33029

Mailing Address
~~PO BOX 278995~~
MIRAMAR FL 33027
3921 SW 186 Ave
MIRAMAR FL 33029

11011679



2. Principal Place of Business
3921 SW 186th Ave
Suite, Apt. #, etc.

3. Mailing Address
3921 SW 186 Ave
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0989078 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LEWIS, YOLANDA V
950 NW 141ST AVENUE #108
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3921 SW 186th Ave
City MIRAMAR FL Zip Code 33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 1/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEWIS, YOLANDA V 950 NW 141ST AVENUE #108 PEMBROKE PINES FL 33028 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3921 SW 186 th Ave MIRAMAR FL 33029 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 607, 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:  DATE 1/30/03 954 442 2919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)