

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030022

1. Entity Name
YSD TRADING CO., INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90007 027 ***150.00

Principal Place of Business
1550 N.E. MIAMI GARDENS DRIVE
SUITE 410
NORTH MIAMI BEACH FL 33179

Mailing Address
1550 N.E. MIAMI GARDENS DRIVE
SUITE 410
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business
2640 HOLLYWOOD BLVD.

3. Mailing Address
2640 HOLLYWOOD BLVD.

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
210

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

Zip Country
33020 U.S.A.

Zip Country
33020 U.S.A.

4. FEI Number
65-0999264

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

BUDOWSKY, ROBERT
1550 N.E. MIAMI GARDENS DRIVE
SUITE 410
NORTH MIAMI BEACH FL 33179

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

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	PVD LIMA, DAGOBERTO A 1550 N.E. MIAMI GARDENS DR., SUITE 410 NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHWARTZMAN, YEHIEL 1550 N.E. MIAMI GARDENS DR., SUITE 410 NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 1721 NW 104 AVENUE PEMBROKE PINES, FL 33026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04.26.2001 Daytime Phone #: 954-9221212

CR2E034 (10/00)