

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90093 006 ***150.00

DOCUMENT # P00000032990

1. Entity Name
Y6K, INC.

Principal Place of Business
16850 COLLINS AVE.
SUITE 104
SUNNY ISLES BEACH FL 33160

Mailing Address
16850 COLLINS AVE.
SUITE 104
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

PO BOX 630713

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

Zip

Country

Zip
33163

Country

US

4. FEI Number **65-0999107**

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

MASHIAN, MICHAEL
2581 NE 195TH STREET
AVENTURA FL 33180

Name **MASHIAN, MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)
16850 COLLINS AVE, SUITE 104

City **Sunny ISLES BCH FL**

Zip Code **33160**

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 *Michael Mashian*
 Signature, typed or printed name of registered agent and title if applicable.

MICHAEL MASHIAN, PRES.

Feb. 14'02

(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, 2002 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 | P MASHIAN, MICHAEL 2581 NE 195TH ST AVENTURA FL 33180 | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES. MASHIAN, MICHAEL 16850 COLLINS AVE, SUITE 104 SUNNY ISLES BCH, FL 33160 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

Michael Mashian **MASHIAN, PRES** **Feb. 14'02** **305 945-1999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)