

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90067 043 ***150.00

DOCUMENT # P00000052538

1. Entity Name

YVETTE DESIGNS, INC.

Principal Place of Business

**200 BREVARD AVE
COCOA FL 32922**

Mailing Address

**200 BREVARD AVE
COCOA FL 32922**

2. Principal Place of Business

200 Brevard Avenue

Suite, Apt. #, etc.

Suite 103

3. Mailing Address

200 Brevard Avenue

Suite, Apt. #, etc.

Suite 103

City & State

Cocoa, FL

City & State

Cocoa, FL

Zip

32922

Country

USA

Zip

32922

Country

USA

4. FFL Number

59-3653750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRACY & SALAMONE
200 BREVARD AVE
COCOA FL 32922**

7. Name and Address of New Registered Agent

Name **Tracy Y. Salamone**

Street Address (P.O. Box Number is Not Acceptable)

200 Brevard Avenue

Suite 103

City

Cocoa

FL

Zip Code
32922

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

Tracy Salamone, Pres.

4-10-01

Signature, typed or printed name of registered agent and date 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

TITLE **PTD** ☐ Delete
NAME **SALAMONE, TRACY Y**
STREET ADDRESS **200 BREVARD AVE STE 103**
CITY-ST-ZIP **COCOA FL 32922**

TITLE **VSD** ☐ Delete
NAME **SALAMONE, PLACIDO**
STREET ADDRESS **200 BREVARD AVE STE 103**
CITY-ST-ZIP **COCOA FL 32922**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.10.01 321-632-7006

CR2E034 (10/00)

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