

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91156 039 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000080158

1. Entity Name
Y.L.I. SERVICES INC

Principal Place of Business
2525 N. STATE RD 7 #115
HOLLYWOOD, FL 33021

Mailing Address
2525 N. STATE RD 7 #115
HOLLYWOOD, FL 33021

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
2525 N. STATE RD 7 #115
Suite, Apt. #, etc.
City & State
Zip Country

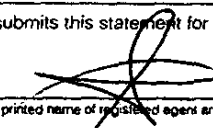
4. FEI Number
65-1035020

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

6. Name and Address of Current Registered Agent
YAN OLEYEK
21691 SW STATE RD 7
ROCKATON, FL 33428

7. Name and Address of New Registered Agent
Name YAN OLEYEK
Street Address (P.O. Box Number is Not Acceptable)
2525 N. STATE RD 7
#115
City HOLLYWOOD FL Zip Code 33021

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** 5/1/2001

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
1. LE NAME PD STREET ADDRESS YAN OLEYEK Y - ST - ZIP 2525 N STATE RD 7 #115 HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
2. LE NAME VPD STREET ADDRESS EBOR OLEYEK Y - ST - ZIP 2525 N. STATE RD 7 #115 HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
3. LE NAME S STREET ADDRESS ZEV OLEYEK Y - ST - ZIP 2525 N STATE RD 7 #115 HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
4. LE NAME STREET ADDRESS Y - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
5. LE NAME STREET ADDRESS Y - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
6. LE NAME STREET ADDRESS Y - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:  YAN OLEYEK PD **DATE** 5/1/2001