## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 24, 2002 8:00 am Secretary of State **DOCUMENT# P00000089676** 1. Entity Name 05-24-2002 91343 046 \*\*\*150.00 Y.J.R. CORPORATION Mailing Address Principal Place of Business 4086 INVERRARY DR **4086 INVERRARY DR** LAUDERHILL FL 33319 LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address **4086 INVERRARY DR 4086 INVERRARY DR** Suite Apt.#, etc, Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & Stale 4. FEI Number Applied For LAUDERHILL, FL LAUDERHILL, FL 65-1041224 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33319 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACOBSEN RODRIGUES, YURIN Street Address (P 0. Box Number is Not Acceptable) 4086 INVERRARY DR **LAUDERHILL FL 33319** City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE:Registere Agent signature required when reinstating) DATE FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE Delete TITLE NAME RODRIGUES, YURIN J STREET ADDRESS 4086 INVARRARY DR STREET AODRESS LAUDERHILL FL 33319 CITY-ST-ZIP CITY- ST- ZIP Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete 🤇 Addition TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY- ST- ZIP ☐ Delete Addition Change TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE Change HAME NAME STREET ADDRESS STREET ADDRESS 13. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/08/02

Date

954-485-0183

Daytime Phone #