

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

05-27-2002 90501 021 ***150.00

FOR PROFIT CORPORATION.
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

00000103515

1. Entity Name

YouYes Auto Sales INC

DO NOT WRITE IN THIS SPACE

95384

Principal Place of Business
 10415 Silver Beach Rd
 Suite, Apt. #, etc.
 Unit F-73
 City & State
 Riviera Beach FL - Lake Worth FL -
 Zip
 33403 Palm beach 33460 Palm beach

Mailing Address
 1030 South "E" Street
 Suite, Apt. #, etc.
 City & State
 Lake Worth FL -
 Zip
 33460 Palm beach

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4. FEI Number
 65-1057614
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
 7. Name and Address of Current Registered Agent
 Name NORNIUS AMOR
 Street Address (P.O. Box Number is Not Acceptable)
 7863 West Sample Road
 City CORAL SPRINGS FL Zip Code 33065

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: 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) ☐

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 President
 Stecker Pouyes
 Same As Mailing Address

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/01)