

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90298 043 \*\*\*150.00

**DOCUMENT # P00000108545**

1. Entity Name  
**YUKA, INC.**

Principal Place of Business  
**3300 NW 114TH ST.  
 MIAMI FL 33167**

Mailing Address  
**3300 NW 114TH ST.  
 MIAMI FL 33167**

2. Principal Place of Business  
**1901 SW 31 Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1901 SW 31 Ave**  
 Suite, Apt. #, etc.

City & State  
**Pembroke Road. FL.**  
 Zip **33009** Country **USA**

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**Pembroke Road. FL**  
 Zip **33009** Country **USA**

4. FEI Number **65-1056769**

Applied For  
☐ Not Applicable

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

**8. Name and Address of Current Registered Agent**

**SILVERBERG, DAN  
 3300 NW 114TH ST.  
 MIAMI FL 33167**

**7. Name and Address of New Registered Agent**

Name **RON - ELIMELECH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1901 SW 31 Ave.**  
 City **Pembroke Road. FL** Zip **33009**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/1/02**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ELIMSLECH, RONEN 3300 NW 114 STREET MIAMI FL 33167</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO SILVERBERG, DAN 3300 NW 114 STREET MIAMI FL 33167</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ELIMELECH, RONEN 1901 SW 31 Ave. Pembroke Road. FL. 33009</b> <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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)