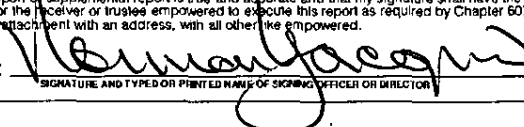


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91514 017 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

10003884

DOCUMENT # P01000007286					
1. Entity Name NORMAN YACOPINO INC					
Principal Place of Business 4280 NW 74 STREET COCONUT CREEK, FL 33073			Mailing Address 4280 NW 74 STREET COCONUT CREEK, FL 33073		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1097005	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YACOPINO, NORMAN 4280 NW 74 STREET COCONUT CREEK, FL 33073			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature: typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent's signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BEAN, JON		NAME		
STREET ADDRESS	5300 NE 4 TERR		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE, FL 33334		CITY- ST- ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEAN, JEFF		NAME		
STREET ADDRESS	5720 NE 6 TERR		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE, FL 33334		CITY- ST- ZIP		
TITLE	SEC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	YACOPINO, NORMAN		NAME		
STREET ADDRESS	4280 NW 74 ST		STREET ADDRESS		
CITY- ST- ZIP	POMPANO BEACH, FL 33073		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/28/03 954-605-0221					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CH2E034 (10/02)