

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90212 025 \*\*\*150.00

**DOCUMENT # P01000040523**

**1. Entity Name**  
**YOSU CORPORATION**

**Principal Place of Business**

**Mailing Address**

~~18071 BISCAYNE BLVD #403~~  
~~AVENTURA FL 33160~~

~~18071 BISCAYNE BLVD #403~~  
~~AVENTURA FL 33160~~

**509 OLD GRIFFIN RD 509 OLD GRIFFIN RD**  
**DANIA, FL 33004 DANIA, FL 33004**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

**509 OLD GRIFFIN RD**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**DANIA, FL**

**4. FEI Number**

**65-1100830**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**Zip**  
**33004**

**Country**

**USA**

**Zip**

**Country**

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

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

**MEAVE, YOLANDA**  
**18071 BISCAYNE BLVD #403**  
**AVENTURA FL 33160**

**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.**

**SIGNATURE** *Yolanda Meave*

**DATE**

**4-26-02**

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

(NOTE: Registered Agent signature required when reinstating)

**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**

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

**TITLE** **OWNER** ☐ Delete  
**NAME** **YOLANDA MEAVE P.D.**  
**STREET ADDRESS** **18071 BISCAYNE BLVD**  
**CITY-ST-ZIP** **AVENTURA, FL 33004** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Yolanda Meave*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-26-02**

**Date**

**Daytime Phone #**

**954-922-1200**

CR2E034 (9/01)