2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000048795 DOCUMENT

1. Entity Name

YAMPA DEVELOPMENTS, CORP.



Principal Place of Business Mailing Address C/O ROTH ROUSSO & DARRACH PA TIGICIDIT C/O ROTH ROUSSO & DARRACH PA 3440 HOLLYWOOD BLVD STE 360 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1106131 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTH, LEONARDO A ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O ROTH ROUSSO & DARRACH PA 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD FL 33021 City Zip Code 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 8. The above name the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition Delete TITLE TITLE AVAKIAN, ADOLFO DANIEL ALBERTO JORGE AVAKIAN NAME NAME STREET ADDRESS 3440 HOLLYWOOD BLVD STE 360 STREET ADDRESS Jawa acomputorpe 57E 300 HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP HOW WOOD, FC DVS Change ☐ Addition Delete TITLE TITLE AVAKIAN, ALBERTO JORGE NAME NAME 3440 HOLLYWOOD BLVD STE 360 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90220 030 ***150.00

12. I hereby certify that the information supplied with this filling 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 type 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 attachmer Signature:

SMINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER