

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90669 007 \*\*\*150.00

DOCUMENT # ~~RAA~~ P01000051642

1. Entity Name

YR CONSULTING INC.

**DO NOT WRITE IN THIS SPACE**

80064732

2. Principal Place of Business

2433 SW 58TH MANOR

3. Mailing Address

2433 SW 58TH MANOR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAMP BEACH, FL

City & State

CAMP BEACH, FL

Zip

33312

Country

BARBADOS

Zip

33312

Country

BARBADOS

4. FEI Number

65-1106476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ALLAN SERRAVALLO

Street Address (P.O. Box Number is Not Acceptable)

5300 NW 33 AVE

STE 117

City

FT LAUDERDALE

FL

Zip Code

33309

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

P/S/D  
YANIV ZAH  
2433 SW 58 MANOR  
CAMP BEACH, FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T/D  
REGINA ZAH  
2433 SW 58 MANOR  
CAMP BEACH, FL 33312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

SIGNATURE: X

Signature and typed or printed name of signing officer or director

YANIV ZAH

4/1/02

Date

954-894-2264

Daytime Phone #

CR2E034B (12/01)