FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2002 8:00 am Secretary of State

DOCUMENT # P01000054112 1. Entity Name				Secretary of State 04-29-2002 90125 012 ***150.00		
JAY	YAMA, INC.					
	DO NOT WRITE	a billion and a substitute of the contraction of th	PACE			
2. Principal Place of Business		3. Mailing Address				
9980 SW 71 AVENUE		9980 SW 71 AVENUE				
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN T	HIS SPACE	
City & Stat		City & State		4. FEI Number	Applied For	
MIAMI	FL	MIAMI FL	· • · · · · · · · · · · · · · · · · · ·	65-1124601	Not Applicat	ble
33156	Country	Zip 33156	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
1. Oct -	FARMAN THE		A 5, A 6, 34 6,	75 Name and Address of Current Regist	ered Agent	
			Name T.AMZ	AR, ANA M		
	DO NOT W	RITE		P.O. Box Number is Not Acceptable)		
The said said will	The court of the c	L. T. Lambi Co., D. Hall Spain, Lamb - Just Farada.	9980	SW 71 AVENUE		
ent protection and	IN THIS SP	AUE:				
			City MIAM	MI !	FL Zip Code	
8 The above				red agent, or both, in the State of Florida.	3315	\dashv
o. me above	named entry submits this statement for	the purpose of changing its	s registered office of register	ed agent, or both, in the State of Florida.		
CICNATURE						
SIGNATURE .	Signature, typed or printed name of registered agent ar	id title if applicable. (NO)	FE: Registered Agent signature required	when reinstating) DA	ATE	Ì
		Marking and the second second	May 1. Fee is \$150.00	SALES II		
9. This corpo	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May	1. Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be	
(See criter	ria on back)	Amende	d UBR is \$61.25	Trust Fund Contribution.	☐ Added to Fees	
11.			ble to Department of Stat	ie 27%		
TITLE	OFFICERS AND D	IIKECTOKS	of sold and a his source have made an	at and another at the first matter and the same at the same	Pater and was the will shall be at the	i, rug
NAME I	PSTD LAMAR, ANA M		HILE THE STATE OF		NEWS WEIGHT	
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TITLE NAME			MALE			
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NAME			NAME 2			900 d
STREET ADDRESS			STREET ADDRESS			

m single while while IN THIS SPACE TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE MASSIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS

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 employered 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 ether like employered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANA M. LAMAR, PRES.

Date

Daytime Phone #