FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90187 030 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063772

1. Entity Name

YAVEL INVESTMENTS, INC.

90135868

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3900 WOODLAKE BLVD.	3900 WOODLAKE BLVD.
Suite, Apt. #, etc. 210	Suite, Apt. #, etc. 210
City & State GREENACRES, FLORIDA	City & State GREENACRES, FLORIDA
Zip 33463 Country U.S.	Zip 33463 Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3035865 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name LEVAY T. SMITH

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

3900 WOODLAKE BLVD. SUITE 210

City GREENACRES FL Zip Code 33463

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 [signature] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 3/1/2003 DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, LEVAY T. SMITH 3900 WOODLAKE BLVD. SUITE 210 GREENACRES, FL 33463
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/1/2003 Date Daytime Phone #