

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000077277**

1. Entity Name

HOUSE OF YORK USA, INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-19-2002 90171 043 ***158.75

92939



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1900 S. HARBOR CITY BLVD., STE. 323
MELBOURNE FL 32901Mailing Address
1900 S. HARBOR CITY BLVD., STE. 323
MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3742886

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOSTRO, VICTOR S
1825 RIVERVIEW DR.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

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

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) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME BINAI, EDWARD
STREET ADDRESS 540 E. FRANKLYN AVE.
CITY-ST-ZIP INDIALANTIC FL 32903 ☐ DeleteTITLE D
NAME YORK, ANTHONY WILLIA H
STREET ADDRESS 35 HAYGARTH RD.
CITY-ST-ZIP KLOOF, 4001, SOUTH AFRICA ☐ DeleteTITLE D
NAME LUKAN, ALAN GAVIN
STREET ADDRESS 15 LANSDALE DR.
CITY-ST-ZIP DURBAN NORTH, 4015 S. AFRICA ☐ DeleteTITLE D
NAME MINGAY, DOUGLAS SUDBUR
STREET ADDRESS 33 BURNHAM DR.
CITY-ST-ZIP UHMLANGA ROCKS, 4001 S. AFRI ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE REQUIRED

Pres

4-12-02

321-952-7705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)