

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91193 047 ***150.00

DOCUMENT # **P010000083687**

1. Entity Name

Yohon's Carpentry Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 NW 16 st

Suite, Apt. #, etc.

City & State

Pompano Beach FLA

Zip

33060

Country

BRONAM

3. Mailing Address

2007 NE 3 AVE

Suite, Apt. #, etc.

#8

City & State

FT. LAUD FLA

Zip

33305

Country

BRONAM

4. FEI Number

65-1132159

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address

F

City

John Nuss
Box Number is Not Acceptable)

2007 NE 3 AVE

FT LAUD

FL

Zip Code

33305

**DO NOT WRITE
IN THIS SPACE**

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

John R Nuss

5/17/02

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. John R Nuss 2007 NE 3 AVE FT LAUD. FLA 33305
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/02 954 566-2859

Date

Daytime Phone #

CR2E034B (12/01)