FILED

## 2002 Uniform Business Report (UBR)

## Apr 11, 2002 8:00 am Secretary of State P01000084654 **DOCUMENT #** 1. Entity Name -2002 90711 007 \*\*\*150 YORK INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 1031 SANDALWOOD LANE 1031 SANDALWOOD LANE WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business Mailing Address SAME BE ARROYE SAME AS ABOVE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINS, KEVIN Street Address (P.O. Box Number is Not Acceptable) 1031 SANDALWOOD LANE WESTON FL 33326 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. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11, 11. 12. vpe treasurer **PSD** Addition CR2E034 (9/01 TITLE ☐ Delete TITLE ARTURO DE LA NUEZ ROBINS, KEVIN NAME NAME 5820 SN 45 TE 1031 SANDALWOOD LANE STREET ADDRESS STREET ADDRESS 33155 WESTON FL 33326 MIAHI, FL CITY-ST-7IP CITY-ST-7IP TREASURER Delete ☐ Addition TITLE TITLE Change ARTURO DE LA NOEZ NAME NAME 5820 SW 45-TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33155 CITY-ST-ZIP TITLE Delete TITLE - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 export 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 furustee 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.

ARTURO DE LA NUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: