

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

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90912 036 \*\*\*150.00

DOCUMENT # P01000099929

1. Entity Name  
VY2, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
920 NE 26<sup>TH</sup> Avenue

3. Mailing Address  
920 NE 26<sup>TH</sup> Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Hallandale FL

City & State  
Hallandale FL

4. FEI Number  
65-1143753

Applied For  
Not Applicable

Zip  
33009

Country  
U.S.A.

Zip  
33009

Country  
U.S.A.

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 TATYANA Gershfild

Street Address (P.O. Box Number is Not Acceptable)  
920 NE 26<sup>TH</sup> Avenue

City Hallandale FL Zip Code 33009

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 Tatiana Gershfild  
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) ☐

**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 P  
NAME Tatiana Gershfild  
STREET ADDRESS 920 NE 26<sup>TH</sup> Avenue  
CITY-ST-ZIP Hallandale FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME Vadim Gershfild  
STREET ADDRESS 920 NE 26<sup>TH</sup> Avenue  
CITY-ST-ZIP Hallandale FL 33009

TITLE  
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STREET ADDRESS  
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**DO NOT WRITE  
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: Tatiana Gershfild  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02 (954) 456-4812  
Date Daytime Phone #

CR2E034B (12/01)