

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90443 039 ***150.00

DOCUMENT # PO1000111144 ✓
1. Entity Name ILYS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 70 NE 86th ST
Suite, Apt. #, etc.

3. Mailing Address 70 NE 86th ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FLORIDA
Zip 33138 Country USA

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Zip 33138 Country USA

4. FEI Number ☐ 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 JEROME DUCHANOE

Street Address (P.O. Box Number is Not Acceptable)
70 NE 86 ST

City MIAMI FL Zip Code 33138

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]
Signature, typed or printed name of registered agent, if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 5/15/02

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 PRESIDENT & SECRETARY.
NAME JEROME DUCHANOE
STREET ADDRESS 70 NE 86 ST
CITY - ST - ZIP MIAMI, FL 33139

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JEROME DUCHANOE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/02 (305) 790 8994
Date Daytime Phone #

CR2E034B (12/01)