

FILED  
Jun 16, 2003 8:00 am  
Secretary of State

04-24-2003 90132 025 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000032940

1. Entity Name  
YAOMA, INC.



Principal Place of Business  
3341 N UNIVERSITY DR STE 2  
DAVIE FL 33024

Mailing Address  
3341 N UNIVERSITY DR STE 2  
DAVIE FL 33024

2. Principal Place of Business

3. Mailing Address

18459 Pines Blvd #127

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Pembroke Pines FL 33029

City & State

City & State

33029 USA

USA

Zip

Country

Zip

Country

4. FEI Number

41-2035638

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKELTON, RAYMOND J  
3335 N UNIVERSITY DR STE 8  
HOLLYWOOD FL 33024

Name Jennifer Ashmeade

Street Address (P.O. Box Number is Not Acceptable)  
3341 N University Dr Ste 2

3341 N University Dr Ste 2

City Hollywood Davie FL Zip Code 33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/1/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Jennifer Ashmeade  
STREET ADDRESS 3341 N University Dr. Ste 2  
CITY-ST-ZIP Davie FL 33024

TITLE Secretary  
NAME Jennifer Ashmeade  
STREET ADDRESS 3341 N University Dr. Ste 2  
CITY-ST-ZIP Davie FL 33024

TITLE Treasurer  
NAME Jennifer Ashmeade  
STREET ADDRESS 3341 N University Dr.  
CITY-ST-ZIP Davie FL 33024

TITLE  
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STREET ADDRESS  
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Ashmeade

4/1/03

Date

Daytime Phone #

954-322-5347

CR2034 (10/02)