2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED Feb 21, 2003 8:00 am Secretary of State

DOCUMENT # P02000039269 1. Entity Name YEZLI US, INC.					01-21-2003 90103 038 ***158.75				
Principal Place of Business Mailing Address 609 EAST PINE STREET 609 EAST PINE STREET ORLANDO FL 32801 ORLANDO FL 32801					LIBERTEEL ALL ARTHUR PLANT		************		
2. Principal Place of Business 3. Mailing Address				-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number Applied For Not Applied For				
Zip	Country	Zip	Zip Country		_5Certificate.of.Status.Des	ire X	\$8.75 Ac	dditlonal	ť
	6. Name and Address of Current F	Registered Agent					ee Requir	ed	∄∼
	the second of the second of	A CONTRACT OF THE PERSON OF TH		Name	7. Name and Address of N	IOW Megistered A	gent		4
HENIN, JEROME				Street Address (P.O. Box Number is Not Acceptable)					
	t pine street O FL 32801		F		. O. DOX 110 HOOF IS THE FIGURE				4
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			ļ	City		FL	Zip Coc		1
8. The above the obliga	e named entity submits this statement for ations of registered agent.	the purpose of changing its	s registered	office or registere	ed agent, or both, in the State	of Florida. I am fa	miliar with,	and accept	1
SIGNATURE									
······································	Signature, typed or printed name of registered agent on	d title if applicable. (NU)	E: Registered A	gent signature required v	when reinstating)	DATE]
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cheek Payable to Florida Department of State					9. Election Campaig Trust Fund Contri		\$5.0 Adder	00 May Be d to Fees	
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO	OFFICERS AND I	~\OE^TOB	- N. 44	1
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with thi		CITY-ST-Z TITLE NAME	DORESS			7 Change	☐ Addition	

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 Irustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607.

SIGNATURE: SIGNATURE SIGNATURE OF SIGNAND OFFICER OR DIRECTOR

Han. 15. 2003

4074268919

Date

Daytime Phone #