## Apr 24, 2003 8:00 am & Secretary of State FILED

2003	<b>FOR</b>	<b>PROFIT</b>	<b>CORPORA</b>	<b>NOIT</b>
<b>UNIFO</b>	RM E	<b>3USINES</b>	REPORT	(UBR)

P02000084507 DOCUMENT # 1. Entity Name 04-24-2003 90225 007 \*\*\*150.00 NON-YA BUSINESS, INC. Principal Place of Business Mailing Address 2380 SOUTHEAST EIGHTH COURT 2380 SOUTHEAST EIGHTH COURT POMPANO BEACH FL 33063 POMPANO BEACH FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State Applied For 099-32-7648 ✓ 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 GEORGE, JOHN G Street Address (P.O. Box Number is Not Acceptable) THE ADVOCATE BLDG., FIRST FLOOR 315 SOUTHEAST 7TH STREET FORT LAUDERDALE FL 33301 City 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. 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) DATE FILE NOW!!! FEE IS'\$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PVST 🐬 TITLE TITLE ☐ Delete LEONARDO, FRANCIS NAME NAME STREET ADDRESS 2380 SOUTHEAST EIGHTH COURT STREET ADDRESS 2380 SE CITY-ST-ZIP 1 POMPANO BEACH FL 33063 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change DILE NAME LEONARDO, FRANCIS NAME STREET ADDRESS 2380 SOUTHEAST EIGHTH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33063 Carlo Lunardo VP 2390 SE 80 Court ☐ Addition \_ --- Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: DIED DATE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

CR2E034 (10/02)