2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000090917 DOCUMENT

1. Entity Name

YASH CREAMERY INCORPORATED



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91447 040 ***150.00

Finding Place of Business Mailing Address	i					W1 115	1				
Sulfe, Apl. #, etc. Sulfe, Apl. #, etc. Sulfe, Apl. #, etc. Sulfe, Apl. #, etc. City & Sinto Country City & Sinto City & Sinto City & Sinto Country City & Sinto City & Sinto City & Sinto Country City & Sinto City & Sinto Country City & Sinto City & City & Sinto City & Sinto City & Sinto City &	415 N. ALAFAYA TRAIL		415 N. ALAFAYA TRAIL				<u> </u>	<u>. 188 (188) (21 de ja 1887) e e</u> rki e rki erki erki	E (E)(Ee)(e (E)E		
City & State Name Name Name Name Name Name Norman Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City City City	2. Principal F	Place of Business	3. Mailing Address								
Zp Country Zp Country Zp Country 5. Certificate of Status Desired Sp. 75 Additional Fee Regulated Research Sp. 75 Additional Fee Regulated Agent 7. Name and Address of New Regulatered Agent 7. Name and Address of New Regulatered Agent 8. Name RESULTE 204A ORLANDO FL 32803 City FL Zip Code Street Address (PO. Box Number is Not Accopitable) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Farn familiar with, and accept two originators of registered agent, or both, in the State of Florida. Farn familiar with, and accept two originators of registered agent, or both, in the State of Florida. Farn familiar with, and accept two originators of registered agent, or both, in the State of Florida. Farn familiar with, and accept two originators of registered agent, or both, in the State of Florida. Farn familiar with, and accept two originators of registered agent, or both, in the State of Florida. Farn familiar with, and accept two originators of registered agent, or both, in the State of Florida. Farn familiar with, and accept two originators of registered agent, or both, in the State of Florida. Farn familiar with, and accept two originators of registered agent, or both, in the State of Florida. Farn familiar with, and accept two originators of registered agent, or both, in the State of Florida. Farn familiar with, and accept two originators of registered agent, or both, in the State of Florida. Farn familiar with, and accept two originators of registered agent, or both, in the State of Florida. Farn familiar with, and accept two originators of registered agent, or both, in the State of Florida. Farn familiar with, and accept two originators of registered agent, or both, in the State of Florida. Farn familiar with, and accept two originators of registered agent, or both, in the State of Florida. Farn familiar with, and accept two originators of registered agent, or both, in the State of Florida. Farn familiar with, and accept two origin	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Second S	City & Stat	de e	City & State						っ ├ ────	· · _ · · · · · · · · · · · · · · · · ·	
Name	Zip	Country	Zip	Zip Country			5 Certificate of Status Desired S8.75 Additional				
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered A	gent			7. N	ame and Address of New Registered	l Agent		
Since Address IP.O. Box Number is Not Acceptable. Since 2004 City FL Zip Code		•			Name	;					
ORLANDO FL 32803 City					Street	Address (I	(P.O. Box Number is Not Acceptable)				
ORLANDO FL 32803 City	SIUTE 204	4A									
the obligations of registered agent. SIGNATURE Struct Now!!! FEE IS \$150.00					City			F	Zip Cod	de	
SIGNATURE Springer do reprinted name of registemed against and bits is applicable. NOTE Registemed Agent signature required when remotationing to the control of the contro	the obligations of registered agent.										
After May 1, 2003 Fee will be \$550.00 May be Added to Fees Make Check Payable to Florida Department of State 10: OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: PANCHAL, SONAL	SIGNATURE										
10: OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: PANCHAL, SONAL	- After										
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	The state of the s			11		ADE	DITIONS (CHANGES TO DELICERS AN	ID DIRECTOR	29 IN: 11	
NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP			DINCO TONO					DITIONS/CHANGES TO OFFICERS AF			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS S		, ·		beion	.==	ĺ	•		L.J Ollangs		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADD	STREET ADDRESS				STREET ADDRES	s				,	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP	ORLANDO FL 32828	_		CITY-ST-ZIP					(
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE	DANCHAL ROME	SH VP	☐ Delete	TITLE		* *****		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME	415 H ALAFAN	ATE	_	NAME						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELONDO E	22	929	STREET ADDRESS	3				ĺ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP	01044130 1	C 32	020							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Delete					☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						`					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				D-late		 			Change	- Addition	
STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1			L_3 Delete					Criange	Months:	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition NAME Change Addition NAME Change Addition NAME Change Addition NAME Change Change Addition NAME Change STREET ADDRESS CITY-ST-ZIP Change Chang	i			J		;]				}	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP				CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS	NAME				NAME	1				}	
TITLE TITLE TITLE TITLE TOTATION Addition NAME STREET ADDRESS TITLE TADDRESS Change Addition Addition						;					
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		<u> </u>				<u> </u>					
STREET ADDRESS STREET ADDRESS				Delete					Change	☐ Addition	
						.					
				į	CITY-ST-ZIP	` }				}	

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:

Date

Daytime Phone #