

FILED  
Sep 05, 2003 8:00 am  
Secretary of State

09-05-2003 90115 003 \*\*\*150.00

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

<b>DOCUMENT # P02000123311</b>			
1. Entity Name <b>YMLC CORP.</b>			
Principal Place of Business 9273 COLLINS AVENUE # 909 SURFSIDE, FL 33154 US		Mailing Address 9273 COLLINS AVENUE # 909 SURFSIDE, FL 33154	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>54-2105990</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEI, CAROLINA 9273 COLLINS AVENUE # 909 SURFSIDE, FL 33154		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)</small>			
FILE NOW!!! FEE IS \$150.00. After May 31, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S LEI, CAROLINA 9273 COLLINS AVENUE, APT. # 909 SURFSIDE, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>X Carol LeI</i>		CAROLINA LEI 8/21/03 305-868-8864	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2EC04 (10/02)

*Attachment*  
**J.R. FERREIRO, JR., P.A.**  
Certified Public Accountant  
7611 N.W. 72 Avenue, Suite 223-A  
Medley, Florida 33166  
Tel: (786) 337-6918 Fax: (786) 337-6919

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P02000123311

August 21, 2003

Florida Department of State  
Uniform Business Report  
409 East Gaines Street  
Tallahassee, FL 32399

RE: YMLC CORP      Doc # P02000123311

Dear Sirs:

Enclosed is Uniform Business Report 2003 application for YMLC Corp , check no. 509 in the amount of \$150.00, from Carolina Lei covering the application. Ms. Lei never received the annual report this year, please waived all penalties on this matter.

If you required any other information please, do not hesitate to contact this office at 786-337-6918.

Thank You,



Isabel V. Ferreiro