

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90032 032 ***158.75

DOCUMENT # P07870

1. Entity Name
YENAVLUM, INC.

Principal Place of Business Mailing Address
10575 WESTOFFICE DR. **10575 WESTOFFICE DR.**
HOUSTON TX 77042 **HOUSTON TX 77042**



DO NOT WRITE IN THIS SPACE

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 **76-0160454** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME	PD MULVANEY, DOUG	<input type="checkbox"/> Delete
STREET ADDRESS	1240 BLALOCK, STE 220	
CITY-ST-ZIP	HOUSTON TX	
TITLE NAME	T COULTER, KATHRYN	<input type="checkbox"/> Delete
STREET ADDRESS	1240 BLALOCK, SUITE 220	
CITY-ST-ZIP	HOUSTON TX 77055	
TITLE NAME	V MCLELLAN, WILLIAM P	<input type="checkbox"/> Delete
STREET ADDRESS	1240 BLALOCK STE 220	
CITY-ST-ZIP	HOUSTON TX	
TITLE NAME	VP ROBERTSON, GUY J. SR.	<input type="checkbox"/> Delete
STREET ADDRESS	1240 BLALOCK, STE 220	
CITY-ST-ZIP	HOUSTON TX	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	MULVANEY DOUG VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10575 WESTOFFICE DR.	
CITY-ST-ZIP	HOUSTON, TX 77042	
TITLE NAME	COULTER, KATHRYN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10575 WESTOFFICE DR.	
CITY-ST-ZIP	HOUSTON, TX 77042	
TITLE NAME	MCLELLAN, WILLIAM P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10575 WESTOFFICE DR.	
CITY-ST-ZIP	HOUSTON, TX 77042	
TITLE NAME	ROBERTSON, GUY J. SR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10575 WESTOFFICE DR. PRES.	
CITY-ST-ZIP	HOUSTON, TX 77042	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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) Date: **1/11/01** Daytime Phone #: **(713) 464-6944**

CR2E034 (10/00)