

4/2/02

FILED
May 29, 2002 8:00 am
Secretary of State

04-02-2002 90976 039 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000009978

1. Entity Name

YELIN INVESTMENTS, INC.

Principal Place of Business

% MARC H. AVERBACH
 201 S. BISCAYNE BLVD- STE 2000
 MIAMI FL 33131

Mailing Address

% MARC H. AVERBACH
 201 S. BISCAYNE BLVD- STE 2000
 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Yelin Investment

3. Mailing Address

315 N. Coconut Lane

Suite, Apt. #, etc.

Palm Island

Suite, Apt. #, etc.

Palm Island

City & State

Miami Beach, FL.

City & State

Miami Beach, FL.

Zip

33139

Country

Zip

33139

Country

4. FEI Number

65-0386178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

AVERBACH, MARC H
 201 S. BISCAYNE BLVD
 STE 2000
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: **SAMUEL YELIN, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
315 N. COCONUT LANE
Palm Island
 City: **Miami Beach FL** Zip Code: **33139**

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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-02

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, 2002 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**

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DPST			
	YELIN, SAM MD	315 N. COCONUT LANE	MIAMI BCH FL 33139	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: (X)

SAMUEL YELIN, President 3/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)