

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075243

1. Entity Name

YFSTA Inc.

FILED

01 MAY -3 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

same as

2724 N. ST. RD. 7

% Annette Spencer

Margate FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

22387 Palmita Dr

Villas of Sandalfoot

Boca Raton, FL

33428

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0446209

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Spencer, Annette

2724 N. ST. RD. 7

Margate FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

300004326433--9

-05/29/01--01154--005

City

\*\*\*\*150.00

\*\*\*\*150.00

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOT: 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!

After MAY 1, 2001

FEE IS \$150.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1999

TITLE NAME ☐ Delete  
D\* Spencer, Annette  
STREET ADDRESS 2724 N. ST. RD. 7  
CITY - ST - ZIP Margate, FL 33063

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Change ☐ 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

re submit, as requested

May 1, 2001 954/972-9702

(Apr 23 - 30 Da.)

Daytime Phone #

CR2E034 (1/1/00)