

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027135

1. Entity Name

J.M.P. YU CORPORATION

Principal Place of Business

17849 W 27TH AVE
MIAMI FL 33156

Mailing Address

17849 W 27TH AVE
SUITE 200
MIAMI FL 33156

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PHEN, JOHN
15007 N E 6TH AVE, APT. 118
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

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

City

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

(NOTE: Registered Agent signature required when re-issuing)

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
STREET ADDRESS
CITY- ST- ZIP
PD
PHEN, JOHN Y
15007 NE 6TH AVE, APT 118
COUPER CITY FL 33026

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
PHEN, JOHN Y
15007 NE 6TH AVE, APT 118
COUPER CITY FL 33026

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TD
PHEN, JOHN
15007 NE 6TH AVE, APT 118
COUPER CITY FL 33026

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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CITY- ST- ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90374 014 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)