

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000036166

1. Entity Name

YPHC, INCORPORATED

Principal Place of Business

2455 EAST SUNRISE BLVD.
PENTHOUSE E
FORT LAUDERDALE FL 33304

Mailing Address

2455 EAST SUNRISE BLVD.
PENTHOUSE E
FORT LAUDERDALE FL 33304-3116

2. Principal Place of Business

86 N. OCEAN BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

City & State

Zip

33062

Country

FL

Zip

FL

Country

FL

4. FEI Number

65-0489410

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

Name

HENIEN YOUSRY H

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

36 N. OCEAN BLVD

POMPANO BEACH

City

FL

Zip Code

33062

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 reinstating)

DATE

28 APR 2000

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, 2000 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 11

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	HENIEN, YOUSRY H	
STREET ADDRESS	2455 E. SUNRISE BLVD., PENTHOUSE E	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HENIEN, PERLANTI	
STREET ADDRESS	2455 E. SUNRISE BLVD., PENTHOUSE E	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENIEN YOUSRY H	
STREET ADDRESS	36 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENIEN, PERLANTI	
STREET ADDRESS	36 N. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

28 APR 2000



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)