2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State P94000038344 DOCUMENT # 1. Entity Name 04-10-2002 90671 009 ***150.00 YOSHINO DESIGN GROUP, INC. Principal Place of Business Mailing Address 7860 GLADES RD 7860 GLADES RD **SUITE 225** SUITE 225 **BOCA RATON FL 33434 BOCA RATON FL 33434** ROGERS CIR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0495339 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOSHINO, CANDACE T 7860 GLADES RD **SUITE 225 BOCA RATON FL 33434** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) PD TITLE ☐ Addition TITLE ☐ Delete NAME YOSHINO, DONALD T NAME 6681 NW 23 WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ■ Addition STD NAME YOSHINO, CANDACE T NAME STREET ADDRESS STREET ADDRESS 6681 NW 23 WAY **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NÁME TRIESCHMANN, HEATHER C NAME STREET ADDRESS 7670 OAKGROVE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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