2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P96000068832~~ P96000068892

1. Entity Name
YVONNE PROFESSIONAL SERVICES, INC.

FILED
00 MAY 24 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
19201 NW 22nd Avenue, Opa-Locka, FL 33056.	19201-NW 22nd Avenue Opa0Locka, FL 33056.

2. Principal Place of Business	3. Mailing Address
19201 NW 22nd Avenue,	19201 NW 22nd Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Opa-Locka, FL	City & State: Opa-Locka, FL
Zip: 33056 Country: USA	Zip: 33056. Country:

DO NOT WRITE IN THIS SPACE
5/24/00 901416/036 $158.75

4. FEI Number 65-0693022 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ST.LOUIS, YVONNE E
19201 NW 22nd Avenue,
Opa-Locka, FL 33056.

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 X Yvonne St Louis Yvonne St. Luis, President 02/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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!!! 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	DPST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ST.LOUIS, YVONNE E		NAME		
STREET ADDRESS	19201 NW 22nd Avenue,		STREET ADDRESS		
CITY-ST-ZIP	Opa-Locka, FL 33056		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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 Yvonne St. Louis Yvonne ST. Louis 2/17/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6/06