

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90459 042 \*\*\*158.75

**DOCUMENT # P96000091519**

1. Entity Name

**TRANSPLANTED YANKEE, INC.**



Principal Place of Business

**600 NE 36TH STREET**  
**#304**  
**MIAMI FL 33137**

Mailing Address

**600 NE 36TH STREET**  
**#304**  
**MIAMI FL 33137**

**11002343**



2. Principal Place of Business

**7601 E Treasure Dr.**  
Suite, Apt. #, etc.  
**PH 221**  
City & State  
**North Bay Village FL**  
Zip  
**33141**

3. Mailing Address

**7601 E Treasure Dr.**  
Suite, Apt. #, etc.  
**PH 221**  
City & State  
**North Bay Village FL**  
Zip  
**33141**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0842127**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HILLIARD, RANDALL**  
**600 NE 36TH STREET**  
**MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**7601 E. Treasure Drive**  
**PH 221**  
City  
**North Bay Village FL** Zip Code  
**33141**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Randall Hilliard** **4/16/2003**  
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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PVTS</b>	<input type="checkbox"/> Delete
NAME	<b>HILLIARD, RANDALL</b>	
STREET ADDRESS	<b>600 NE 36TH STREET #304</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILLIARD, RANDALL</b>	
STREET ADDRESS	<b>600 NE 36TH STREET #304</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>7601 E. Treasure Dr., #PH 221</b>
STREET ADDRESS	<b>North Bay Village FL 33141</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>7601 E. Treasure Dr., #PH 221</b>
STREET ADDRESS	<b>North Bay Village FL 33141</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **Randall Hilliard** **4/16/2003** **(305) 469-9069**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0235966 AV

CR2E034 (10/02)