FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90087 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000038263

DOCUMENT #

YORE INVESTMENT CORPORATION



Principal Place of Business 7240 NORTHWEST 12 STREET MIAMI FL 33126			PO B	Mailing Address PO BOX 141998 CORAL GABLES FL 33114								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	4. FEI Number 65-0759919 Applied For Not Applicable				
Zip	Country				Country		5.	Certificate of S	tatus Desired		8.75 Add ee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Reg					gent	
ا با المعلى الموات المعلى الله الله المعلى الله الله الله المعلى المعلى المعلى الله المعلى ال						Name						
TORRICELLA, ROBERTO				Street			dress (P.O. Box Number is Not Acceptable)					
7240 NORTHWEST 12 STREET MIAMI FL 33126								<u>.,.</u>		· · · · · · · · · · · · · · · · · · ·		
										FL	Zip Code	e
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 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									n Campaign Fir und Contributio			May Be to Fees
10. ,		OFFICERS AND	DIRECTO	ECTORS 11.			ΑI	DDITIONS/CHA	ANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRICEL 7240 NOR MIAMI FL	LA, ROBERTO THWEST 12 STREET 33126		☐ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP		,			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP		: " :		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP	•••				Change	Addition
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TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete	TITLE NAME STREET GITY-S	ADDRESS IT-ZIP				****	☐ Change	Addition

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

SIGNATURE: