

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089947

1. Entity Name

YLME CORPORATION

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90085 002 ***150.00

Principal Place of Business 6590 W ROGERS CIRCLE SUITE #3 BOCA RATON FL 33487 US	Mailing Address 6590 W ROGERS CIRCLE SUITE #3 BOCA RATON FL 33487-2739 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0792931	Applied For <input type="checkbox"/> Not Applied
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BEN-MAIER, MOSHE 934 CLINT MOORE RD BOCA RATON FL 33487	7. Name and Address of New Registered Agent Name: BEN-MAIER MOSHE Street Address (P.O. Box Number is Not Acceptable): 6590 W ROGERS CIRCLE SUITE #3 City: BOCA RATON FL Zip Code: 33487
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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

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	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Moshe BEN-MAIER

1-17-00

561-941-3834

Date

Daytime Phone #