

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000089947**

1. Entity Name

YLME CORPORATION**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90124 013 ***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
US**

B0008938

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0792931**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****BEN-MAIER, MOSHE
6590 W ROGERS CIRCLE SUITE #3
BOCA RATON FL 33487****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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D BEN-MAIER, YAFFA	934 CLINT MOORE RD	BOCA RATON FL 33487	<input type="checkbox"/>
	D BEN-MAIER, MOSHE	934 CLINT MOORE RD	BOCA RATON FL 33487	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D BEN-MAIER yaffa	6590 W Rogers circle suite #3	BOCA RATON FL 33487	<input checked="" type="checkbox"/>
	D moshe Ben-maier	6590 W. Rogers circle suite #3	BOCA RATON FL 33487	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

Date

Daytime Phone #

1-12-01 561-241-3834

CR2E034 (10/00)