2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P97000095399** Apr 06, 2000 8:00 am Secretary of State 1. Entity Name YEZEKYAN ENTERPRISES, INC. 04-06-2000 90001 018 ***150.00 Principal Place of Business Mailing Address 2168 DRIFTWOOD CIR. 2168 DRIFTWOOD CIR. PALM BEACH GARDENS FL 33410-2014 PALM BEACH GARDENS FL 33487-3106 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE ₰ዕସ Applied For City & State 4. FEI Number 65-0792874 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YEZEKYAN, NORAYR Street Address (P.O. Box Number is Not Acceptable) 2168 DRIFTWOOD CIR. PALM BEACH GARDENS FL 33410-2014 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ___ Addition ☐ Change TITLE ☐ Delete TITLE YEZEKYAN, NORAYR NAME NAME STREET ADDRESS 2168 DRIFTWOOD CIR. STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410-2014 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 the employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information sup indicated on this report or supplemental of the corporation or the receiver changed, or on an attachment with an th all other like empowered

D NAME OF SIGNING OFFICER OR DIRECTOR