

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000103363

1. Entity Name
 D.Y. HOLDINGS, INC.

Principal Place of Business 10215 STIRLING RD COOPER CITY 33328	FL	Mailing Address 8950 SOUTHERN ORCHARD ROAD SOUTH DAVIE 33328	FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 12230 N.W. 18 STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PLANTATION FL	4. FEI Number 65-0798397	Applied For <input type="checkbox"/> Not Applicable
Zip 33323	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEYOUNG MIKE
 8950 SOUTHERN ORCHARD ROAD SOUTH

 DAVIE FL
 33328 US

7. Name and Address of New Registered Agent

Name
 DEYOUNG MIKE
 Street Address (P.O. Box Number is Not Acceptable)
 12230 N.W. 18 STREET

 City
 PLANTATION FL Zip Code
 33323

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 _____ DATE **04/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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	D DEYOUNG MIKE <input type="checkbox"/> Delete 8950 SOUTHERN ORCHARD ROAD SOUTH DAVIE FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEYOUNG MIKE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12230 N.W. 18 STREET PLANTATION FL 33323 US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mike De Young **D** 04/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)