

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91012 021 ***150.00

DOCUMENT # P98000014992

1. Entity Name
BE YOUNG CORPORATION



Principal Place of Business
2200 NORTHEAST 122ND ROAD
N. MIAMI, FL 33181

Mailing Address
%CMS INTERNATIONAL ENTERPRISES, INC.
P.O. BOX 557243
MIAMI, FL 33255

54042297



2. Principal Place of Business

19575 BISCAYNE BLVD.

3. Mailing Address

Suite, Apt. #, etc.
893

Suite, Apt. #, etc.

City & State
Aventura, FL

City & State

Zip
33180

Country
Miami-Dade

Zip

Country

03132004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0811653

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CMS INTERNATIONAL ENTERPRISES, INC.
2600 DOUGLAS ROAD
STE 400
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
CMS INTERNATIONAL ENTERPRISES, INC.
Street Address (P.O. Box Number is Not Acceptable)

550 BILTMORE WAY, SUITE 200
City Coral Gables FL Zip Code 33134

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME PS
STREET ADDRESS YOUNG, BARRY
CITY-ST-ZIP 15645 COLLINS AVE #301
SUNNY ISLES, FL 33180 ☐ Delete

TITLE
NAME DVT
STREET ADDRESS LEVY, DAVID
CITY-ST-ZIP 20200 NE 23 CT
MIAMI, FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID LEVY

4/21/04

Date

305-992-9192

Daytime Phone #