

DOCUMENT # P98000016630

1. Entity Name

YAFFA'S SECRET CORNER, INC.

FILED  
Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90013 046 \*\*\*150.00

Principal Place of Business

10295 COLLINS AVE.  
STE. 229  
BAL HARBOR FL 33154

Mailing Address

10295 COLLINS AVE.  
STE. 229  
BAL HARBOR FL 33154-1443

P.O. Box 54600  
SURFSIDE, FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0814428

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAVIV, YAFFA  
10295 COLLINS AVE.  
STE 202  
BAL HARBOR FL 33154

P.O. Box 546007  
SURFSIDE, FL  
33154-0007

BILLING ADDRESS:

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 file 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

TITLE P  
NAME RAVIV, YAFFA  
STREET ADDRESS 10295 COLLINS AVE #202  
CITY-ST-ZIP BAL HARBOUR FL 33154  
Delete  SAME.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  Addition  NO CHANGE.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
Change  Addition

TITLE  
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CITY-ST-ZIP  
Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  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:

YAFFA RAVIV 1-21-2000 (305) 867-0787  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(954) 232-7044