2002 UNIFORM BUSINESS REPORT (UBR)

May 02, 2002 8:00 am Secretary of State P98000036446 DOCUMENT # 1. Entity Name 05-02-2002 90031 035 ***150 00 YAP INC. Principal Place of Business Mailing Address 5140 SW 148TH AVENUE 5140 SW 148TH AVENUE FORT LAUDERDALE FL 33330 FORT LAUDERDALE FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0829878 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required __ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YAP, AGNES Street Address (P.O. Box Number is Not Acceptable) **5140 SW 148TH AVENUE** FORT LAUDERDALE FL 33330 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01 ☐ Addition TITLE Delete TITLE ☐ Change YAP, AGNES NAME NAME 5140 SW 148TH AVENUE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33330 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITI F ☐ Delete YAP, WARREN NAME NAME STREET ADDRESS **5140 SW 148TH AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33330 ☐ Change Addition ☐ Delete TITLE TITLE NAME YAP, CHRISTOPHER NAME STREET ADDRESS STREET ADDRESS 5140 SW 148TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33330 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME 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-ZIP

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BNGS YAP ju las SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.