## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 23, 2001 8:00 am Secretary of State DOCUMENT # P98000045784 1. Entity Name 05-23-2001 91181 011 \*\*\*150.00 YK, INC. Principal Place of Business Mailing Address 1880 LAKESHORE DRIVE → 1.880 LAKESHORE DRIVE C0069890 WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0939203 Not Applicable Zip Zip Country 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 MCCOLLUM, YUNG K Street Address (P.O. Box Number is Not Acceptable) 1880 LAKESHORE DRIVE WESTON, FL 33326 Zip Code 8. The above named entity submits this statement for the purpose of changing its ringistered office or registered agent, or both, in the State of Florida. SIGNATURE Si ;nature, typed or printed name of registered agent and title if applicable. (NOTE registered Agent signature required when reinstating) DATE FEE IS \$150.00 FILE NOW! 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 200 | 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (11/00) ☐ Change ☐ Addition THILE ☐ Delete TITLE MCCOLLUM, YUNG K NAME MANAF 1880 LAKESHORE DRIVE STREET ADDRESS STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP CITY-ST-7IP ☐ Addition THILE ☐ Delete IIILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS C TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Defete ToTLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby cerrify 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.

CITY-ST-ZIP

FILED