

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056593

Entity Name

YCH CORPORATION

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90137 029 ***150.00

Principal Place of Business

BOX 574971
 ANDO FL 32857-4971

Mailing Address

P.O. BOX 574971
 ORLANDO FL 32857-4971

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 770829

Suite, Apt. #, etc.

Orlando

City & State

Zip

Country

Florida 32877-0829

4. FEI Number 59-3525442

Applied For

Not Acceptable

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

RIVERA, Yael

11455 S. ORANGE BLOSSOM TRAIL, STE. 11
 ORLANDO FL 32837

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 date of signature.

(NOTE: Registered Agent signature required when resigning)

Date

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

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete	TITLE	Herrera, Carmen	☐ Change ☐ Addition
NAME	HERRERA, CARMEN		NAME	11455 S. Orange Blossom Tr. Suite 1	
STREET ADDRESS	11455 S. ORANGE BLOSSOM TRAIL, STE. 11		STREET ADDRESS	Orlando, FL 32837	
CITY-STATE-ZIP	ORLANDO FL 32837		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE	Rivero, Yael	☐ Change ☐ Addition
NAME	RIVERA, Yael		NAME	11455 S. Orange Blossom Tr. Suite 1	
STREET ADDRESS	11455 S. ORANGE BLOSSOM TRAIL, STE. 11		STREET ADDRESS	Orlando, FL 32837	
CITY-STATE-ZIP	ORLANDO FL 32837		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/03 (407) 855-3124

Attachment

 90139722
p98000056593

NYCH Corporation

P. O. Box 770824, Orlando, Florida 32877-00824
(407) 850-3939

May 29, 2003

Department of State
Division of Corporations
Tallahassee, Florida

Dear Sirs:

Do to a change of address lost at the Post Office, you did not recieved the change of our mailing address, and that is the reason we never got the renewal form UBR for this year.

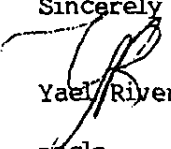
I enclosed with this letter a copy of and old form updated and the check for the \$150.00 fee.

Please change the mailing address to P.O. Box 770824, Orlando, Fl. 32877-0824, so this will not happen again.

If you need the original UBR, please mail it to the new post office address and we will send it immediately, but we do not want to be late with the fee.

Thank you for all your help.

Sincerely yours,


Yael Rivera

encls.