2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State
06-16-2003 90137 029 ***150.00

OCUMENT # P98000056593

Entity Name
:YCH CORPORATION

ncipal Place of Business	Mailing Address
BOX 574971 ANDO FL 32857-4971	P.O. BOX 574971 ORLANDO FL 32857-4971

00100166

DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address	
		P.O. Box 770824	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Orlando	
City & State		City & State Florida 32877-0824	
Zip	Country	Zip	Country

4. FEI Number 59-3525442 ☐ Applied For ☐ Not Applicable

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.

GNATURE ________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, CARMEN 11455 S. ORANGE BLOSSOM TRAIL, STE. 11 ORLANDO FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Herrera, Carmen 11455 S. Orange Blossom Tr. Suite 1 Orlando, FL 32837	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, YAEL 11455 S. ORANGE BLOSSOM TRAIL, STE. 11 ORLANDO FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rivero, Yael 11455 S. Orange Blossom Tr. Suite 1 Orlando, FL 32837	☐ Change ☐ Addition
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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

3. 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: ________ 5/29/03 (407)855-3154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment A

[redacted] 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

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