2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000057470** May 22, 2000 8:00 am Secretary of State 1. Entity Name T-Y HOLDINGS, INC. 05-22-2000 90019 037 ***150.00 Principal Place of Business Mailing Address · 110 WILLET WAY 118 WILLET WAY DAYTONA BEACH FL 32119 DAYTONA BEACH FL 32119-8307 2. Principal Place of Business P. 0. BOX 9295 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 59-3521009 Not Applicable \$8.75 Additional 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOGBO, CHUCK Street Address (P.O. Box Number is Not Acceptable) 2331 N STATE ROAD 7 **STE 124** LAUDERHILL FL 33313 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550:00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change Addition TITLE ☐ Delete YUSUF, TUNDE NAME NAME 7615 CAMARINA CALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33615** ☐ Change Addition ☐ Delete TITLE TITLE YUSUF, OLUSOLA NAME NAME 7615 CAMARINA CALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33615** ☐ Addition ☐ Change TITLE ☐ Delete YUSUF, MOHAMMED NAME STREET ADDRESS 7615 CAMARINA CALLE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33615** ☐ Change Addition ☐ Delete TITLE TITLE YUSUF, IBRAHIM NAME NAME 7615 CAMARINA CALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33615** ☐ Change Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.