6/12/2003

FILED
Jul 18, 2003 8:00 am
Secretary of State
06-12-2003 90009 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

OCUMENT # P99000000896 (L)
Entity Name Y2K INVESTMENT INC.

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55051631

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Principal Place of Business	3. Mailing Address
6901 SW 10th CT.	6901 SW 10th CT.
Suite, Apt. #, etc. PEMBROKE PINES	Suite, Apt. #, etc. PEMBROKE PINES
City & State FL. 33023	City & State FL. 33023
Zip / Country USA	Zip / Country USA

4. FEI Number 74-2905679 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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Name and Address of Current Registered Agent
Name Ruth Liverpool
Street Address (P.O. Box Number is Not Acceptable) 8428 W Oakland Park Blvd
City Sunrise FL Zip Code 33351

3. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ruth Liverpool - Accountant 5·29·03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

[illegible] Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	RIA KALIPERSAD	NAME	
STREET ADDRESS	6901 SW 10th CT.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33023	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: RIA KALIPERSAD - PRESIDENT 5/29/03 (954)-746-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #