

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90083 043 ***150.00

DOCUMENT # P99000003576

1. Entity Name

YP MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

B0053557

2. Principal Place of Business
809 CYPRESS LANE

Suite, Apt. #, etc.

3. Mailing Address
7800 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.
BUILDING "G"

DO NOT WRITE IN THIS SPACE

City & State
HALLANDALE, FLORIDA

City & State
SUNRISE, FLORIDA

4. FEI Number
65-0894137

Applied For
Not Applicable

Zip
33009

Country
USA

Zip
33351

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

Name
REJEAN LAPIERRE

Street Address (P.O. Box Number is Not Acceptable)
7800 W. OAKLAND PARK BLVD. BLDG. "G"

City
SUNRISE

FL

Zip Code
33351

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

REJEAN LAPIERRE

(NOTE: Registered Agent signature required when reinstating)

3/15/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
PELLERIN, YVON
809 CYPRESS LANE
HALLANDALE, FLORIDA 33009

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Yvon Pellerin

YVON PELLERIN PRES 3/15/02

954-749-8602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)