

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 19, 2000 8:00 am**
Secretary of State

04-22-2000 90067 038 ***150.00

DOCUMENT #

P9900005466

1. Entity Name

Private Asset Consultants, Inc.

Principal Place of Business**Mailing Address**120 Spring Street
Newport, RI 02840**2. Principal Place of Business**120 Spring Street
Suite, Apt. #, etc.**3. Mailing Address**same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Newport, RI

Zip

02840

Country

USA

City & State**Zip****Country****4. FEI Number**

65-0888122

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**Young H. Robson
1130 SW 84th Terrace
Pembroke Pines FL 33025

(SAME)

7. Name and Address of New Registered Agent**Name**

Young H. Robson

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

1130 SW 84th Terrace

City

Pembroke Pines

FL**Zip Code**

33025

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**

YOUNG H. ROBSON

X Young H. Robson

X 5/16/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. 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, 2000 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****11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	James C. Yemma	120 Spring St.	Newport, RI 02840	<input type="checkbox"/>
Secretary	Young H. Robson	1130 SW 84th Terrace	Pembroke Pines FL 33025	<input type="checkbox"/>
Treasurer	James C. Yemma	120 Spring St.	Newport, RI 02840	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)