

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 99000009213

1. Entity Name

Yaadi Production & Merchandising, Inc.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90359 018 ***150.00

C0068633

Principal Place of Business

Mailing Address

325 N.E. 111 ST
Miami, FL 33161

325 N.E. 111 Street
Miami, FL 33161

2. Principal Place of Business

3. Mailing Address

325 N.E. 111 Street
Suite, Apt. #, etc.
Miami
City & State
Florida

325 N.E. 111 Street
Suite, Apt. #, etc.
Miami
City & State
Florida

DO NOT WRITE IN THIS SPACE

Zip
33161

Country
USA

Zip
33161

Country
USA

4. FEI Number

65-0891087

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

HENRIQUES, SHONA
9705 Hammock 3 Blvd.
Suite 104. Miami FL 33169

Name

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

City

FL

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.

SIGNATURE

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PRESIDENT/TREASURER SECRETARY~~
NAME KENNETH ROSE
STREET ADDRESS 325 N.E. 111 Street
CITY-ST-ZIP MIAMI FL 33161

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

Kenneth Rose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 305 651-5636

Date

Daytime Phone #

CR2E034 (11/00)