2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036268

1. Entity Name
YANNSEN CORP.

FILED
01 SEP -6 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 10511 SW. 88ST. Off. C-102 miami FL. 33176

Mailing Address: SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10511 SW. 88ST.		SAME.	
Suite, Apt. #, etc.: Off. C-102		Suite, Apt. #, etc.	
City & State: miami FL.		City & State	
Zip: 33176	Country: USA.	Zip	Country

4. FEI Number 65-0913055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOSE SALVADO.
8241 SW. 107 AV. Apt. D.
miami FL. 33173.

7. Name and Address of New Registered Agent

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] DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLAUDIA L. RODRIGUEZ. 7550 STIRLING RD. # 402-B. DAVIE, FL. 33314. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500004575555--5 -09/07/01--01078--017 ****550.00 ****550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOSE SALVADO. 8241 SW. 107 AV. Apt. D. miami FL. 33173. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500004575555--5 -09/07/01--01078--018 ******8.75 ******8.75
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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] 9-05-01 786-2475137.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #