## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # **P99000042490** Jul 19, 2000 8:00 am 1. Entity Name Secretary of State YOURAE, INC. 07-19-2000 90151 047 \*\*\*150.00 Principal Place of Business Mailing Address 4439 EDGEWATER DR. 4439 EDGEWATER DR. ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3582523 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 100---Chn JOO CHO, HYANG Number is Not Acceptable) 4439 EDGEWATER DR. ORLANDO FL 32810 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. D TITLE Change ☐ Addition TITL F ☐ Delete Joo Cho JOO CHO, HYANG NAME NAME STREET ADDRESS STREET ADDRESS 1048 PETAL COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32818 ☐ Addition ☐ Change ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME -- = STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if

YOURAE, INC. 4439 EDGEWATER DR ORLANDO, FL 32810

STATE OF FLORIDA DIVISION OF CORPORATION ANNUAL REPORTS FILINGS P O BOX 1500 TALLAHASSEE, FL 32302-1500

RE: EXPLANATION OF LATE FILING

To whom it may concern,

We have never received 1st Notice of Annual report for the year 2000. During a remodel construction period, it was hard to get all the mail. Please waive our late filing penalty for this reason.

Sincerely,