2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90177 002 ***150.00

DOCUMENT # P99000043764

1. Entity Name

YEN YOUR-EVERY-NEED, INC.

Principal Place of Business	Mailing Address
~~11362 STATE RD. 84~~ ~~DAVIE FL 33325~~	~~11362 STATE RD. 84~~ ~~DAVIE FL 33325~~

A0067198

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5633 NW 84th Terrace Suite, Apt. #, etc.	5633 NW 84th Terrace Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33351 Country:	Zip: 33351 Country:

4. FEI Number: 65-0925226 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALGIE, STEPHANIE R
~~11362 STATE RD. 84~~
~~DAVIE FL 33325~~

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Alone is Not Acceptable): 5633 NW 84th Terrace

City: Ft. Lauderdale 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (Florida Registered Agent's signature required when changed above)

9. This corporation is eligible to satisfy its following 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	
TLE	PD ☐ Delete	TITLE	☑ Change ☐ Addition
ME	ALGIE, STEPHANIE R	NAME	
REET ADDRESS	~~11362 STATE RD. 84~~	STREET ADDRESS	5633 NW 84th Terrace
Y-ST-ZIP	~~DAVIE FL 33325~~	CITY-ST-ZIP	Ft. Lauderdale, FL 33351
TLE	VD ☐ Delete	TITLE	☑ Change ☐ Addition
ME	GANASSINI, RENZO	NAME	
REET ADDRESS	~~11362 STATE RD. 84~~	STREET ADDRESS	5633 NW 84th Terrace
Y-ST-ZIP	~~DAVIE FL 33325~~	CITY-ST-ZIP	Ft. Lauderdale, FL 33351
E	☐ Delete	TITLE	☐ Change ☐ Addition
ME		NAME	
REET ADDRESS		STREET ADDRESS	
Y-ST-ZIP		CITY-ST-ZIP	
E	☐ Delete	TITLE	☐ Change ☐ Addition
ME		NAME	
REET ADDRESS		STREET ADDRESS	
-ST-ZIP		CITY-ST-ZIP	
E	☐ Delete	TITLE	☐ Change ☐ Addition
E		NAME	
ET ADDRESS		STREET ADDRESS	
-ST-ZIP		CITY-ST-ZIP	
E	☐ Delete	TITLE	☐ Change ☐ Addition
E		NAME	
ET ADDRESS		STREET ADDRESS	
-ST-ZIP		CITY-ST-ZIP	

CR2E034 (1/00)

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: _____ Stephanie Algie 954-424-6610

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