

FILED  
Apr 30, 2003 8:00 am  
Secretary of State

04-30-2003 90151 030 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000043764

1. Entity Name  
YEN YOUR-EVERY-NEED, INC.



Principal Place of Business  
5633 NW 84TH TERR  
FORT LAUDERDALE, FL 33351

Mailing Address  
5633 NW 84TH TERR  
FORT LAUDERDALE, FL 33351

2. Principal Place of Business  
4119 NORTH STATE ROAD 7

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 136

City & State

City & State

FORT LAUDERDALE FL

Zip  
33319

Country  
USA

Zip

Country

4. FEI Number  
65-0925226

Applied For  
Not Applicable

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

\* CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALGIE, STEPHANIE R  
5633 NW 84TH TERR  
FORT LAUDERDALE, FL 33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when resigning)

4/28/03  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ALGIE, STEPHANIE R  
STREET ADDRESS 5633 NW 84TH TERR  
CITY-ST-ZIP FORT LAUDERDALE, FL 33351

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME ALGIE, JOSEPH R  
STREET ADDRESS 5633 NW 84TH TERR  
CITY-ST-ZIP FORT LAUDERDALE, FL 33351

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 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

STEPHANIE R. ALGIE

4/28/03

954-748-6413

Daytime Phone #

CR2E034 (10/02)