

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067703

1. Entity Name
YSGS LICENSING CORP.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90005 018 ***150.00

Principal Place of Business 100 SE 2ND STREET, 17TH FLOOR MIAMI FL 33131	Mailing Address 100 SE 2ND STREET, 17TH FLOOR MIAMI FL 33131-2158
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1007 E. LAS OLAS BLVD. Suite, Apt. #, etc.	3. Mailing Address 1007 E. LAS OLAS BLVD. Suite, Apt. #, etc.
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City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL	4. FEI Number 65-0943611	Applied For <input type="checkbox"/> Not Applicable
Zip 33301	Country	Zip 33301	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LICKSTEIN, FRED K
100 SE 2ND STREET, 17TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name DAVID C. HARDIN
Street Address (P.O. Box Number is Not Acceptable)
Mombach, Boyle & Hardin, P.A.
500 E. Broward Boulevard, Suite 1950
City Fort Lauderdale FL Zip Code 33394

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 4/27/00

Signature, typed or printed name of Registered Agent, 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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Delete Briggs, Blanca F. 1007 E. Las Olas Blvd. Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Delete Briggs, Jesse L. 1007 E. Las Olas Blvd. Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input type="checkbox"/> Delete Briggs, Denise A. 1007 E. Las Olas Blvd. Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **REQUIRED** DATE 4/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Blanca F. Briggs, President

Date Daytime Phone #

CFR2E034 (9/99)