FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90463 006 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067767

90051945

1. Entity Name
Y & P EXPORT, INC.

Principal Place of Business
~~7815 NW 68TH AVE~~
~~TAMARAC, FL 33321~~

Mailing Address
~~7815 NW 68TH AVE~~
~~TAMARAC, FL 33321~~

2. Principal Place of Business	3. Mailing Address
1863 S.W. 31st AVE.	1860 N.W. 108TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PARK - FL	City & State: PLANTATION, FL
Zip 33009 Country BRO	Zip 33322 Country BRO

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0936081 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PROTAL, YARON
~~7815 NW 68TH AVE~~
~~TAMARAC, FL 33321~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1860 NW. 108TH AVE.
City PLANTATION FL Zip Code 33322

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] 3/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	~~PSTD~~ ☐ Delete	TITLE	PT ☒ Change ☐ Addition
NAME	PORTAL, YARON	NAME	
STREET ADDRESS	~~7815 NW 68TH AVE~~	STREET ADDRESS	1860 NW 108TH AVE
CITY-ST-ZIP	~~TAMARAC, FL 33321~~	CITY-ST-ZIP	PLANTATION FL, 33322
TITLE	V.P. SEC ☐ Delete	TITLE	V.P. SEC ☐ Change ☒ Addition
NAME		NAME	EITAN ZOHAR
STREET ADDRESS		STREET ADDRESS	1625 NW 143 WAY
CITY-ST-ZIP		CITY-ST-ZIP	PEMBROKE PINES FL. 33028
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] YARON PORTAL 3/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #