FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 08, 2002 8:00 am DOCUMENT # P99000073737 **Secretary of State** 1. Entity Name 02-08-2002 90002 043 ***150.00 YARNI YAVITZ MARKETING CORP. Principal Place of Business Mailing Address 1404 N.E. 6TH ST. 1404 N.E. 6TH ST. FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 **イクUED** 2. Principal Place of Business 3. Mailing Address STI 10321 NW 10321 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Fi 65-0945365 PLANTATION PLANTATION Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BROWARD BROWARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHATZ, RICHARD E Street Address (P.O. Box Number is Not Acceptable) STEARNS WEAVER MILLER, ET AL 2200 MUSEUM TOWER, 150 W. FLAGLER ST. **MIAMI FL 33130** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Addition TITLE ☐ Delete TITLE Change : POLAND, YARNI NAME NAME YAVITZ, YARNI STREET NW 10321 STREET ADDRESS 1404 N.E. 6TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33304 PLANTATION ☐ Delete TITLE Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CUTY-ST-7IP CITY - ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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-7IP 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.