

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077364

1. Entity Name  
YELLOW HEART, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90855 014 \*\*\*150.00

Principal Place of Business

4300 10TH AVE. N., STE. 4  
LAKE WORTH FL 33461

Mailing Address

4300 10TH AVE. N., STE. 4  
LAKE WORTH FL 33461-2322

2. Principal Place of Business

718 South Fed. Hwy. Apt. #2

Suite, Apt. #, etc.

Apartment #2

City & State

LAKE WORTH FL.

Zip

33460

Country

USA

3. Mailing Address

718 South Federal Hwy #2

Suite, Apt. #, etc.

Apartment #2

City & State

LAKE WORTH FL.

Zip

33460

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0957555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AINE, AL

4300 10TH AVE. N., STE. 4  
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name

PESONEN, HELMER

Street Address (P.O. Box Number is Not Acceptable)

718 SOUTH FEDERAL HWY. APT. #2

City

LAKE WORTH

FL

Zip Code

33460

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 PESONEN, HELMER

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

APRIL 28<sup>th</sup> 2000

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**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 D ☐ Delete  
NAME PESONEN, HELMER  
STREET ADDRESS 4300 10TH AVE. N., STE. 4  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE D ☐ Delete  
NAME PESONEN, TERO  
STREET ADDRESS 4300 10TH AVE. N., STE. 4  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME PESONEN, HELMER  
STREET ADDRESS 718th S. Fed. Hwy #2  
CITY-ST-ZIP LAKE WORTH FL. 33460

TITLE D ☐ Change ☐ Addition  
NAME PESONEN, HELMER  
STREET ADDRESS 718th S. Fed. Hwy #2  
CITY-ST-ZIP LAKE WORTH FL. 33460

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 APRIL 2000

Date

Daytime Phone #

561-493-  
3188

CR2E034 (9/99)