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

FILED May 02, 2003 8:00 am Secretary of State

DOCUMENT # P 9 9 0 000 9 5	> 60 J
1. Entity Name Yogurt on Yama	uto The
409011 311 13	,

1. Entity Name Yogurt on Yamato, Inc					05-02-2003 90384 043 ***150.00				
DO NOT WRITE IN THIS SPACE				·	·				
2. Principal Place of Business 10075 YamaTo Road Suite, Apt. #, etc. 3. Mailing Address 8905 Aubrey Lane Suite, Apt. #, etc.			ine	DO NOT WRITE IN THIS SPACE					
City & State	Katon Florida Boi	y & State Ynton Be	each H .Country US,	orida	4. FEI Number 65. Certificate of Statu	156847	\$8.75 Ad		
334	DO NOT WRIT		Name	tas	. Name and Address	of Current Registe	Fee Require		
	IN THIS SPAC			905	Aubrey	lane	Zip Coo	de	
SIGNATURE	named entity submits the statement for the purp	-CHASA	egistered office or	registered	nd)	e State of Florida.	2/03		
Tax filing re (See criteri		After May 1, Amended t Make Check Payable	Fee is \$550.00 UBR is \$61.25		Trust Fund	ampaign Financing Contribution.		00 May Be d to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zahangie HASAN Zahangie 8905 Aubrey Lane		TITLE NAME STREET ADDRESS - CITY-SI-ZIP-		A Comment		The second secon		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Boynton-Beach-Flore	104 3343 T	TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			Property of the sales of the sa	American Telephonesis (1987) Telephonesis (1987)	•	
TITLE NAME STREET ADDRESS			TITLE - NAME - STREET ADDRESS						

13. I nereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered. 58/

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR