

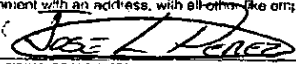
# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90107 036 \*\*\*550.00

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DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                                                                                         |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT #</b> P99000104052                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        |                                                                                                                                         |                                                                   |
| <b>1. Entity Name</b><br>Yelina Orthopedic Store, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                                                         |                                                                   |
| <b>Principal Place of Business</b><br>3001 West 12th Ave., Ste# 8<br>Hialeah, Florida 33012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | <b>Mailing Address</b><br>3001 West 12th Ave., Ste# 8<br>Hialeah, Florida 33012                                                         |                                                                   |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                                                                                        |                                                                   |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        | <b>City &amp; State</b>                                                                                                                 |                                                                   |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Country</b>                                                                                         | <b>Zip</b>                                                                                                                              | <b>Country</b>                                                    |
| <b>4. FEI Number</b><br>65-0967438                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                                                                           |                                                                   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        | <b>\$8.75 Additional Fee Required</b>                                                                                                   |                                                                   |
| <b>6. Name and Address of Current Registered Agent</b><br>Perez, Jose L.<br>3001 West 12 Ave. # 8<br>Hialeah, Florida 33012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                   |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                                                                                                                                         |                                                                   |
| <b>SIGNATURE</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when nameless.)</small> DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                                                                                                         |                                                                   |
| <b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> <input checked="" type="checkbox"/><br><small>(See criteria on back)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        | <b>10. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/><br><b>\$5.00 May Be Added to Fees</b>           |                                                                   |
| <b>11. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        | <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                            |                                                                   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Perez, Jose L.</b> <input type="checkbox"/> Delete<br>3001 W. 12 Ave. # 8<br>Hialeah, Florida 33012 | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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.</b> |                                                                                                        |                                                                                                                                         |                                                                   |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        | <b>08/03/2001 (3050 698-2998)</b>                                                                                                       |                                                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                        | <small>Date: Initials: Phone:</small>                                                                                                   |                                                                   |

CR2004 (1-00)

attachment  
# 099000104052  
B0064865

attachment  
# 099000104052  
Bulfinch Associates, Inc.

architectural design & construction  
real estate management & consulting

Florida Department of State  
Division of Corporations

7/31/01

To whom it may concern,

Upon recent review of corporate documents, it was discovered that our Florida 2001 Uniform Business Report had erroneously never been forwarded by the Postal Service to our new mailing address.

We related the above information to your office by phone and were advised to download form and file the attached report immediately. We were also advised that we could request a one time waiver of penalty for late filing.

We have been filing our Florida Uniform Business Reports timely since 1984 and hope that you will grant this one time waiver due to the above unfortunate circumstances. Thank you.

Sincerely,

Mark L. Filler (pres)