

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111170

1. Entity Name  
YAPLING, INC.

Principal Place of Business  
1541 CALAIS DR.  
MIAMI BEACH FL 33141

Mailing Address  
1541 CALAIS DR.  
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MATAS, RAQUEL M  
4000 INTERNATIONAL PLACE, 100 S.E. 2ND. ST.  
MIAMI FL 33131-9101

7. Name and Address of New Registered Agent

Name: GINA CUNNINGHAM  
Street Address (P.O. Box Number is Not Acceptable): 1541 CALAIS DRIVE  
City: MIAMI BEACH FL Zip Code: 33141

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: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE: 8/30/01

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P  
NAME: CUNNINGHAM, GINA  
STREET ADDRESS: 1541 CALAIS DR  
CITY-ST-ZIP: MIAMI BCH FL 33141 ☐ Delete

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

TITLE: VP  
NAME: EVES, PETER  
STREET ADDRESS: 1541 CALAIS DR  
CITY-ST-ZIP: MIAMI BCH FL 33141 ☐ Delete

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

TITLE: S  
NAME: CUNNINGHAM, GINA  
STREET ADDRESS: 1541 CALAIS DR  
CITY-ST-ZIP: MIAMI BCH FL 33141 ☐ Delete

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

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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

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

FILED  
Sep 06, 2001 8:00 am  
Secretary of State

04-23-2001 90025 031 \*\*\*158.75  
09-06-2001 90051 024 \*\*\*550.00



DO NOT WRITE IN THIS SPACE  
65 099 3559

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CR2E034 (5/01)