APPROVED AND FILED
06 MAY -3 AM 10: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98226

1. Entity Name
YUVAL PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
666 SHERBROOKE STREET WEST	666 SHERBROOKE STREET WEST
Suite, Apt #, etc: #2300	Suite, Apt # etc: #2300
City & State: MONTREAL QUEBEC	City & State: MONTREAL QUEBEC
Zip: H3A1E7 Country: CANADA	Zip: H3A1E7 Country: CANADA

DO NOT WRITE IN THIS SPACE
$558.75

4. FEI Number: 98-0121806 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: MARK ALLSWORTH
Street Address (P.O. Box Number is Not Acceptable): DOUMAR, ALLSWORTH, ET AL
1177 SE 3RD AVENUE
City: FORT LAUDERDALE FL Zip Code: 33316

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] 4-28-06

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DIRECTOR & PRESIDENT	TITLE	
NAME	MIKE YUVAL	NAME	
STREET ADDRESS	666 SHERBROOKE STREET WEST #2300	STREET ADDRESS	
CITY ST ZIP	MONTREAL QUEBEC CANADA H3A1E7	CITY ST ZIP	
TITLE		TITLE	
NAME		NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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