

FROM :

FAX NO. : 4073390659

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90423 032 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

V68839

1. Entity Name

Y & Y Imports Inc

Principal Place of Business

1365. Bennet Drive Unit 117

Mailing Address

613 NIGHT HAWK CIRCLE

Longwood, FL

32750

WINTER SPRINGS, FL 32708

2. Principal Place of Business

613 Night Hawk Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Springs Florida

City & State

Zip

Country

32708

USA

Zip

Country

4. FEI Number

59-3153140

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75

Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUZHAR, NAHEED

613 NIGHT HAWK CIRCLE

WINTER SPRINGS, FL 32708

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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 \$500.00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
Director	NUZHAR, NAHEED		
STREET ADDRESS	613 NIGHT HAWK CIRCLE		
CITY - ST - ZIP	WINTER SPRINGS, FL 32708		
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 endorsement with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printed Name