

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90270 022 \*\*\*150.00

**DOCUMENT # F94000000690**



1. Entity Name  
**YUNIS REALTY, INCORPORATED**

Principal Place of Business  
**214 E. CHURCH ST.  
ELMIRA NY 14901**

Mailing Address  
**214 E. CHURCH ST.  
ELMIRA NY 14901**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **16-0929989**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNYDER, WILLIAM ESQ  
7931 SW 45TH ST.  
DAVIE FL 33328**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YUNIS, AMY K</b>	
STREET ADDRESS	<b>214 E CHURCH ST</b>	
CITY-ST-ZIP	<b>ELMIRA NY 14901</b>	
TITLE	<b>VDT</b>	<input type="checkbox"/> Delete
NAME	<b>YUNIS, MARY H</b>	
STREET ADDRESS	<b>681 W. CLINTON ST.</b>	
CITY-ST-ZIP	<b>ELMIRA NY 14905</b>	
TITLE	<b>VDS</b>	<input type="checkbox"/> Delete
NAME	<b>YUNIS, MARY J</b>	
STREET ADDRESS	<b>740 LARCHMONT RD.</b>	
CITY-ST-ZIP	<b>ELMIRA NY 14905</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YUNIS, JOHN T</b>	
STREET ADDRESS	<b>214 E. CHURCH ST.</b>	
CITY-ST-ZIP	<b>ELMIRA NY 14901</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YUNIS, HELEN A</b>	
STREET ADDRESS	<b>214 E. CHURCH ST.</b>	
CITY-ST-ZIP	<b>ELMIRA NY 14901</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YUNIS, BARBARA J</b>	
STREET ADDRESS	<b>214 E. CHURCH ST.</b>	
CITY-ST-ZIP	<b>ELMIRA NY 14901</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED **2/17/03** **(607) 733-3344**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)