

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

DOCUMENT # P02000119119

1. Entity Name

Yaz N Jaz, Inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 OCT 16 AM 8:24

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2622 East Jackson Street

3. Mailing Address
2622 East Jackson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number 51-0435962

Applied For
Not Applicable

Zip
32803

Country
USA

Zip
32803

Country
USA

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

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7. Name and Address of Current Registered Agent

Name Garcia, Yusef

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

2622 East Jackson Street

City Orlando

FL Zip Code
32803

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

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

(NOTE: Registered Agent signature required when reinstating)

10/13/03

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director, President, Vice President, Treasurer
Yusef Garcia
2622 E Jackson St Orlando, FL 32803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Yusef Garcia
2622 E Jackson St Orlando, FL 32803

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

10/13/03

Daytime Phone #

CR2E034B (12/02)

Yaz N Jaz, Inc.
2622 East Jackson Street
Orlando, FL 32803
321-217-9278

October 10, 2003

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Subject: Uniform Business Report
Yaz N Jaz, Inc.
P02000119119

To Whom It May Concern:

We recently realized that we had not received our Uniform Business Report from the state and have not paid our \$150.00 filling fee due on May 1st of every year. We always have problems receiving the mail due to the fact that I rent at my current location and my mail gets mixed in with the landlord.

We apologize for any inconvenience this may have caused but please except the attached Uniform Business Report for the year 2003.

Best Regards,



Yusef Garcia
President