

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068757

1. Entity Name

YAREINCA CORPORATION

Principal Place of Business

3000 W. 84 ST.  
HIALEAH FL 33016

Mailing Address

3000 W. 84 ST.  
HIALEAH FL 33018-4910

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0690994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAIZ, ENRIQUE  
3000 W. 84 ST.  
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name REYNALDO MAIZ  
Street Address (P.O. Box Number is Not Acceptable)  
3000 W 84 ST  
HIALEAH  
City FL Zip Code 33018

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 \$550.00**  
**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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MAIZ, AGUSTIN	
STREET ADDRESS	779 E. 38 ST.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MAIZ, REYNALDO	
STREET ADDRESS	779 E. 38 ST.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MAIZ, LIGIA	
STREET ADDRESS	779 E. 38 ST.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	DT	<input type="checkbox"/> Delete
NAME	COLINAS, GARY O	
STREET ADDRESS	779 E. 38 ST.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNALDO MAIZ	
STREET ADDRESS	3000 W 84 ST	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90169 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR20004 10/00

1-11-00 (305) 827-4153