2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000026727** Mar 04, 2000 8:00 am **Secretary of State** Y2KCOMPUTERS, INC. 03-04-2000 90013 025 ***150.00 Principal Place of Business Mailing Address 10701 S.W. 83 AVE. 10701 S.W. 83 AVE. MIAMI FL 33156-3515 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 5-0905079 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELOY, YUNEXY Street Address (P.O. Box Number is Not Acceptable) 10701 S.W. 83 AVE. MIAMI FL 33156 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition □ Delete TITLE TITLE STOJANOVIC, DONNA NAME NAME STREET ADDRESS 10701 S.W. 83 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33156 ☐ Addition ☐ Delete TITLE Change TITI F ELOY, YUNEXY NAME NAME STREET ADDRESS STREET ADDRESS 3901 S.W. 109 AVE., #C-12 CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33165** Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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