

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841942

1. Entity Name

YATAY DEVELOPMENT, INC.

Principal Place of Business

881 OCEAN DRIVE APT. 19F  
KEY BISCAYNE FL 33149

Mailing Address

881 OCEAN DRIVE APT. 19F  
KEY BISCAYNE FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA, CARLOS CPA  
101 MADEIRA  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name ARAZOZA; CARLOS CPA

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

2100 SALZEDO STREET, SUITE 300.

City CORAL GABLES

FL

Zip Code 33134

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, 2001 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 PD  
NAME ANZOLA, CESAR H. ☐ Delete  
STREET ADDRESS RES. EL RISCO. URB. LAS ESMERALDAS  
CITY-ST-ZIP CARACAS VE 1081

TITLE STD  
NAME ANZOLA, IDA D. ☐ Delete  
STREET ADDRESS RES. EL RISCO. URB. LAS ESMERALDAS  
CITY-ST-ZIP CARACAS VE 1081

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-2001

Date

305-361-9042

Daytime Phone #

CR2E034 (10/00)

0186540

FILED  
Jan 24, 2001 8:00 am  
Secretary of State

01-24-2001 90030 005 \*\*\*158.75

00000400



DO NOT WRITE IN THIS SPACE