

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015036

1. Entity Name  
Y3K, INC.

Principal Place of Business

7400 S.W. 50 TERRACE  
SUITE 200  
MIAMI FL 33155

Mailing Address

7400 S.W. 50 TERRACE  
SUITE 200  
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIAMI CORPORATE SYSTEMS, INC.  
5200 BLUE LAGOON DRIVE  
SUITE 700  
MIAMI FL 33126

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~GIL GARCIA SANCHEZ~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT - DIRECTOR ☐ Change ☒ Addition  
GIL GARCIA SANCHEZ  
7400 SW 50 TERRACE SUITE 200  
MIAMI FLORIDA 33155

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE-PRESIDENT - DIRECTOR ☐ Change ☒ Addition  
JULIAN GARCIA SANCHEZ  
7400 SW 50 TERRACE SUITE 200  
MIAMI FLORIDA 33155

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY - DIRECTOR ☐ Change ☒ Addition  
BENITO A. CARMONA  
7400 SW 50 TERRACE SUITE 200  
MIAMI FLORIDA 33155

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 an other like empowered.

SIGNATURE:

*BENITO A. CARMONA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY.

3/15/01

Date

Daytime Phone #

FILED  
Mar 20, 2001 8:00 am  
Secretary of State

03-20-2001 90029 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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