

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90193 001 ***150.00

DOCUMENT # P00000025036

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

4. FEI Number 65-0999266

Applied For

Not Applicable

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

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 BENITO A. CARMONA
Street Address (P.O. Box Number is Not Acceptable) 7400 SW 50TH TERRACE
SUITE 200
City Miami **FL** **Zip Code** 33155

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]* BENITO A. CARMONA
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

DATE 1/16/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANCHEZ, GIL GARCIA	
STREET ADDRESS	7400 SW 50TH TERRACE SUITE 200	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SANCHEZ, JULIAN GARCIA	
STREET ADDRESS	7400 SW 50TH TERRACE SUITE 200	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARMONA, BENITO A	
STREET ADDRESS	7400 SW 50TH TERRACE SUITE 200	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* BENITO A. CARMONA 1/16/03 305-264-3508
(Signature and typed or printed name of signing officer or director)