

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90116 048 ***150.00

DOCUMENT # **327652** ✓

1. Entity Name **YUCATAN RANCH, INC. #327652**

DO NOT WRITE IN THIS SPACE

030802

2. Principal Place of Business

SCRUB PEN ROAD

Suite, Apt. #, etc.

3. Mailing Address

PO Box 88

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LORIDA, FLORIDA

City & State

LORIDA, FLORIDA

4. FEI Number

59-1236601

Applied For

Not Applicable

Zip

33857

Country

USA

Zip

33857

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LOUIS BENEVIDES, CPA

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

104 N.E. LAKEVIEW DR.

City

SEBRING

FL

Zip Code

33870

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

JARAMILLO, FRANCISCO
28-14 CARRERA 21
MANIZALES COLUMBIA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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IN THIS SPACE**

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 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 #

4/4/02

(853) 655-0046

CR2E034B (12/01)