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2001 UNIFORM BUSINESS REPORT (UBR)

Jul 17, 2001 8:00 am 476368 DOCUMENT # **Secrétary of State** 1. Entity Name 07-17-2001 90008 008 ***550.00 YOLAFER, INC. Principal Place of Business 7340 N AUGUSTINE DR AUGUS 7340 N AUGUSTINE DR AUGUSTA HIALEAH FL 3301 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1596665 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMCIS, CARLOS E. Street Address (P.O. Box Number is Not Acceptable) 7340 N. AUGUSTA DR. MIAMI FL 33015 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CARIDAD LAMEIAS Change (5/01)TITLE ☐ Delete 1340 N. Augusta DRIVE HIA IPAH- FL 33015 RAMOS, Roberto Change 1340 N. Augusta DRIVE NAME CARIDAD, LAMELA S. NAME STREET ADDRESS STREET ADDRESS 925 W. 30TH STREET CITY-ST-ZIP CITY-ST-ZIP miami fl TITLE ☐ Delete TITLE NAME RAMES, ROBERTO C NAME STREET ADDRESS STREET ADDRESS 7340 N AUGUSTINE DR CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change [] Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 addre