

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 636280

1. Entity Name

YOKOHAMA INTERNATIONAL, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90167 050 ***150.00

Principal Place of Business

Mailing Address

MGA 000-011
PO BOX 25362
MIAMI FL 33102-5362
US

MGA 000-011
PO BOX 025362
MIAMI FL 33102-5362
US

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 **59-1979489**

Applied For

☒ Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FANOR, ARGUELLO
11412 SW 133 CT UNIT #1
MIAMI FL 33186

Name **FANOR ARGUELLO**
Street Address (P.O. Box Number is Not Acceptable)

901 Ponce de Leon Blvd. Suite 600

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, 2000 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 **PD** ☐ Delete
NAME **ARGUELLO, FANOR**
STREET ADDRESS **MGA 000-011 PO BOX 025362**
CITY-ST-ZIP **MIAMI FL 33102-5362**

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

TITLE **VS** ☐ Delete
NAME **DE ARGUELLO, DORA MARIE**
STREET ADDRESS **MGA 000-011 PO BOX 025362**
CITY-ST-ZIP **MIAMI FL 33102-5362**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Arguello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2000

Date

446 7123

Daytime Phone #

CR2E034 (9/99)