

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001136

1. Entity Name

Y. C. FERNANDEZ PROPERTY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business

Mailing Address

2700 North MacDill Ave.
Tampa, FL 33607

P. O. BOX 4118
TAMPA FL 33677-4118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3261239

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAYNARD FERNANDEZ
2700 N MacDill Ave. # 115
Tampa, FL 33607

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. Capital Contributions

as Shown on record.

\$45,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME Maynard Fernandez
STREET ADDRESS 2700 N MacDill Av #115
CITY-ST-ZIP Tampa, FL 33607

STREET ADDRESS
CITY-ST-ZIP 700003251697- - 6
-05/15/00--01006--001
****403.75 ****403.75

DOCUMENT #
NAME John Fernandez
STREET ADDRESS 2700 N MacDill Av #115
CITY-ST-ZIP Tampa, FL 33607

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME Lionel Llanes
STREET ADDRESS 2700 N MacDill Av #115
CITY-ST-ZIP Tampa, FL 33607

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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

MAYNARD FERNANDEZ

4-21-00

Date

813-877-8339

Daytime Phone #

CR2E003 (9/99)