2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G02117

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # G02117 1. Entity Name YRA-MAR INDUSTRIES, INC.					FILED Aug 25, 2000 8:00 am Secretary of State 08-25-2000 90001 022 ***550.00			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT.WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59	2255808		oplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status C	Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current F	tegistered Agent			Name and Address	-		
T			-Name	,				٠
% A	GIZ, ANTONIO L ANTONIO ARGIZ	.	, Street	Address (P.O. E	ox Number is Not Ac	ceptable)		
	1 BRICKELL BAY DRIVE, 9TH FLOO)R						
MIA	MI FL 3311		City			F	Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its	registered office	or registered ag	ent, or both, in the St	ate of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent sig	nature required when re	einstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$75 Make Check Payable to Department of Sta			50.00 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
11.	OFFICERS AND D	DIRECTORS	12.	AC	DITIONS/CHANGES	TO OFFICERS AI	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS	V YRAUSQUIN, JESUS 2121 N BAYSHORE DR., 619	☐ Delete	TITLE NAME STREET ADDRES	s			☐ Change	☐ Addition
CITY-ST-ZIP	MIAMI, FL 00000		CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YRAUSQUIN, HAROLD 2121 N BAYSHORE DR., 619 MIAMI, FL 00000	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S		·	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRES CITY-ST-ZIP	S			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			☐ Change	Addition
TITLE		Delete	TITLE				☐ Change	Addition

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 of 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.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS