

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90474 033 \*\*\*550.00

**DOCUMENT #** 602117 ✓  
1. Entity Name  
YRA-MAR INDUSTRIES, INC.

000618

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business %ANTONIO ARGIZ Suite, Apt. #, etc. 1001 BRICKELL BAY DR. 9TH FLOOR City & State MIAMI, FL Zip 33131 Country USA		3. Mailing Address % ANTONIO ARGIZ Suite, Apt. #, etc. 1001 BRICKELL BAY DR. 9TH FLOOR City & State MIAMI, FL Zip 33131 Country USA		4. FEI Number 59-2255808 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				DO NOT WRITE IN THIS SPACE	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent				
	Name ANTONIO ARGIZ				
	Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE, 9TH FLOOR				
	City MIAMI	State FL	Zip Code 33131		

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT IRAUSQUIN, JESUS 2121 N BAYSHORE DR. APT 619 MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT IRAUSQUIN, HAROLD 2121 N BAYSHORE DR. APT 619 MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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] Date: May 10/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #/

CR2E034B (12/01)