

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90068 031 ***150.00

DOCUMENT # **G16213**
1. Entity Name
YOLMAR, INC.
c/o EMILIO C. CABALLERO

Principal Place of Business
11390 S.W. 57 Street
Miami, FL 33173
Mailing Address
11390 S.W. 57 Street
Miami, FL 33173

2. Principal Place of Business
11290 S.W. 57 Street
 Suite, Apt. #, etc.

3. Mailing Address
11390 S.W. 57 Street
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
Zip
33173
Country

City & State
Miami, FL
Zip
33173
Country
MIAMI-DADE

4. FEI Number
592241385
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
EMILIO C. CABALLERO
11390 S.W. 57 Street
Miami, FL 33173

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
11390 S.W. 57 Street
City **Miami** **FL** **Zip Code** **33173**

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	P/S/T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOMEZ, CARLOS A.		NAME		
STREET ADDRESS	1647 S.W. 27 Avenue		STREET ADDRESS	11390 S.W. 57 Street	
CITY-ST-ZIP	Miami, FL		CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	V/T/D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BESOSA, JORGE		NAME		
STREET ADDRESS			STREET ADDRESS	11390 S.W. 57 Street	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33173	
TITLE	S/D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CABALLERO, EMILIO C		NAME		
STREET ADDRESS			STREET ADDRESS	11390 S.W. 57 Street	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33173	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  **EMILIO C. CABALLERO** **4-24-00** **(305) 412-7912**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)