

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90074 012 \*\*\*150.00

**DOCUMENT # G16213**

1. Entity Name  
**YOLMAR, INC.**

Principal Place of Business

**11390 SW 57 STREET  
 MIAMI FL 33173**

Mailing Address

**11390 SW 57 STREET  
 MIAMI FL 33173**

2. Principal Place of Business

**10852 N. KENDALL DR.**

3. Mailing Address

**10852 N. KENDALL DR.**

Suite, Apt. #, etc.

**Apt. #103**

Suite, Apt. #, etc.

**Apt. #103**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FL.**

Zip

**33176**

Country

**USA**

Zip

**33176**

Country

**USA**

4. FEI Number

**59-2241385**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CABALLERO, EMILIO C.**

**11390 SW 57 CT  
 MIAMI FL 33173**

7. Name and Address of New Registered Agent

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. 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, 2002 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

TITLE NAME	<b>PST GOMEZ, CARLOS A</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>11390 SW 57 STREET MIAMI FL 33173</b>
TITLE NAME	<b>VTD RESOSA, JORGE</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>11390 SW 57 STREET MIAMI FL 33173</b>
TITLE NAME	<b>SD CABALLERO, EMILIO C.</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>11390 SW 57 STREET MIAMI FL 33173</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 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; 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, or any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-20-02 (305)595-1558**

CR2E034 (9/01)