

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90050 047 ***150.00

DOCUMENT # G82769

1. Entity Name

YMW OFFICE PRODUCTS, INC.

Principal Place of Business

Mailing Address

NW 72ND AVE.
 FL 33122

2700 NW 72ND AVE.
 MIAMI FL 33122-1308

00079054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7216 NW 31 STREET
 Suite, Apt. #, etc.

7216 NW 31 Street
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2365807

Applied For

Not Applicable

Zip

Country

Zip

Country

33122 USA

33122 USA

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

MARTI, JOSE A
 2700 NW 72ND AVE.
 MIAMI FL 33122

Name

Street Address (P.O. Box Number is Not Acceptable)

7216 NW 31 STREET

City

MIAMI

FL

Zip Code

33122

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
 NAME MARTI, ELIDA TRIAY
 STREET ADDRESS 2700 N.W. 72ND AVENUE
 CITY-ST-ZIP MIAMI FL

TITLE
 NAME
 STREET ADDRESS 7216 NW 31 STREET
 CITY-ST-ZIP MIAMI FL 33122

TITLE VP
 NAME MARTI, JOSE A
 STREET ADDRESS 2700 NW 72 AVE
 CITY-ST-ZIP MIAMI FL 33122

TITLE
 NAME
 STREET ADDRESS 7216 NW 31 STREET
 CITY-ST-ZIP MIAMI FL 33122

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ELIDA T. MARTI (305) 4/24/2000 5939424

CR2E034 (9/99)