

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K27443

1. Entity Name

OT 26 INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90203 043 \*\*\*158.75

940558



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
1023 NW 3RD AVE      1023 NW 3RD AVE  
MIAMI FL 33136      MIAMI FL 33136-3307  
US      US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      65-0087183      Applied For  
Not Applicable

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

ALVAREZ, JOSE  
9445 BIRD ROAD  
SUITE 105  
MIAMI FL 33165

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution.      ☐      Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE      D      ☐ Delete  
NAME      YUKEN, SALOMON  
STREET ADDRESS      750 COLLINS AVENUE #1  
CITY-ST-ZIP      MIAMI BEACH FL

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      PD      ☐ Delete  
NAME      YUKEN, INGRID  
STREET ADDRESS      1143 99TH ST  
CITY-ST-ZIP      BAY HARBOR FL

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
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. 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: Salomon Yuken  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00 (305) 374-4412  
Date      Daytime Phone #