

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K41095

1. Entity Name

Y & A PROFESSIONAL SERVICE, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90034 012 \*\*\*150.00

Principal Place of Business

12360 SW 132ND CT.  
SUITE 210  
MIAMI FL 33186  
US

Mailing Address

12360 SW 132ND CT.  
SUITE 210  
MIAMI FL 33186-6463  
US

2. Principal Place of Business

12350 SW 132nd

3. Mailing Address

12350 SW 132nd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#207

#207

City & State

City & State

Miami Florida

Miami Florida

Zip

Zip

Country

Country

33186

33186

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARAMILLO, YOLANDO  
12360 SW 132ND CT  
SUITE 210  
MIAMI FL 33186

Name Yolanda Jaramillo

Street Address (P.O. Box Number is Not Acceptable)  
12350 SW 132nd #207

City Miami

FL

Zip Code 33186

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 PD  
NAME JARAMILLO, YOLANDA  
STREET ADDRESS 20414 S.W. 83 AVENUE  
CITY-ST-ZIP MIAMI FL 33189 ☐ Delete

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

TITLE SD  
NAME FERNANDEZ, PEGGY  
STREET ADDRESS 961 N.W. 134 AVENUE  
CITY-ST-ZIP MIAMI FL 33152 ☐ Delete

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

TITLE TD  
NAME CORREA, LINÁ M  
STREET ADDRESS 13600 S.W. 182 STREET  
CITY-ST-ZIP MIAMI FL 33177 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

02/28/00

Date

Daytime Phone #

CR2E034 (9/99)