

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90004 037 ****50.00

DOCUMENT # L01000022739

1. Entity Name

YELLOW ART, LLC



Principal Place of Business

Mailing Address

**501 MENENDEZ AVENUE
CORAL GABLES FL 33146**

**501 MENENDEZ AVENUE
CORAL GABLES FL 33146**

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVERA, JULIA
501 MENENDEZ AVENUE
CORAL GABLES FL 33146**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RIVERA, JULIA
501 MENENDEZ AVENUE
CORAL GABLES FL 33146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**New Address
P.O. Box 346
Adelphia, NJ 07710-9998** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature of Julia Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

Attachment

#LD

30046764

1000022739

Cambio de direccion
(Change of address)

My Name: Julie Rivera

Old Address:

501 Menendez Ave.
Coral Gables, FL 33146

New Address:

35 East 38th street
Apt. # 5K
New York, NY 10016

Mailing Address:

P.O. BOX 346
Adelphia, NJ 07710-9998

New phone number:

home phone: (212) 867-2806
Cel: (786) 385-4161
E-mail: jrr92665@aol.com
julia rivera.com

Thanks,
Julia Rivera