## **2003 LIMITED LIABILITY COMPANY**

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L01000022739



YELLOW ART, LLC								
Principal Place of Business  501 MENENDEZ AVENUE  CORAL GABLES FL 33146  2. Principal Place of Business  Suite, Apt. #, etc.		Mailing Address  501 MENENDEZ AVENUE CORAL GABLES FL 33146  3. Mailing Address						
				110011011			u( <b></b>	
		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHAN		ING CHANGES	GES	
City & State		City & State		4. FEI Number	NOT APPLICABL	⊑ ⊢ <del>⊢</del>	oplied For	ĺ
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	\$5.00 Add	ditional	
6. Name and Address of Current		t Registered Agent	ent		7. Name and Address of New Registered Agent			
		المناسبة المناسبة المناسبة المناسبة	Name	and the called the second				
501	ra, Julia Menendez avenue Al Gables fl 33146		Street Addre	ess (P.O. Box Number	is Not Acceptable)			
			City		F	Zip Cod	le	
	named entity submits this statement ions of registered agent.  Signature, typed or printed name of registered ager	•	s registered office or reg		n, in the State of Florida. I a		and accept	
		Make Check Payab	OW!!! FEE IS \$50. le to Florida Depart e By May 1, 2003					
9.	MANAGING MEME	ERS/MANAGERS	10.		ADDITIONS/CHANG	ES		_
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	vew Addre P.O. Bo Adelphi	255 X 346	7710 - 4	$\Box$ Addition $9998$	2000 (10/00)
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STREET ADDRESS CITY-ST-ZIP		·	STREET ADDRESS CITY-ST-ZIP			- <b>-</b>	-	
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TITLE		☐ Delete	TITLE			☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

NAME

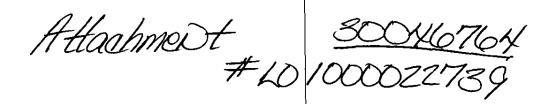
STREET ADDRESS

CITY-ST-ZIP

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #



Cambio de dirrecion (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