

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90065 015 ****55.00

0020247

DOCUMENT # L02000003684	
1. Entity Name YDA ENTERPRISES LLC	



Principal Place of Business 11077 BISCAYNE BLVD., FOURTH FLOOR MIAMI FL 33181	Mailing Address 11077 BISCAYNE BLVD., FOURTH FLOOR MIAMI FL 33181
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2. Principal Place of Business 1755 Kennedy Causeway	3. Mailing Address 1755 Kennedy Causeway
Suite, Apt. #, etc.	Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State Miami FL	City & State Miami FL	4. FEI Number 04-3602405	Applied For <input type="checkbox"/> Not Applicable
Zip 33144	Country USA	Zip 33144	Country USA
6. Name and Address of Current Registered Agent YARA DE ABREU 11077 BISCAYNE BLVD., FOURTH FLOOR MIAMI FL 33181		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
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 _____ (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 MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YARA DE ABREU		NAME	
STREET ADDRESS 11077 BISCAYNE BLVD., FOURTH FLOOR		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33181		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 REQUIRED	8/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date
		Daytime Phone #

CR2E083 (10/02)