

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L95000000821

1. Entity Name
YAMA, L.C.

00 APR 18 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O ISRAM REALTY

506 S. DIXIE HWY.

HALLANDALE FL 33009

Mailing Address

C/O ISRAM REALTY

506 S. DIXIE HWY.

HALLANDALE FL 33009-6332



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

mmmm

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0615522

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

FERDIE, AINSLEE R

717 PONCE DE LEON BLVD. STE 215

CORAL GABLES FL 33134

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RIKMAN, SHAUL
36 NE 1ST STREET STE 708
MIAMI FL 33132 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
100003236491--0
-05/03/00--01031--003 50.00
****100-00 ****50-00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR20003 (WWW)