

# 2000 UNIFORM BUSINESS REPORT (UBR)

0005068 AF

DOCUMENT # **L99000000214**

1. Entity Name  
**YANBAL, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 16 AM 10:34

*mf312a100*

Principal Place of Business  
**2601 EAST OAKLAND PARK BLVD.  
FORT LAUDERDALE FL 33069**

Mailing Address  
**2601 EAST OAKLAND PARK BLVD.  
FORT LAUDERDALE FL 3306-1606**



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

**65-0887315**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES FL 33146**

Name **Cabral, Edward**

Street Address (P.O. Box Number is Not Acceptable)

**2601 East Oakland Park Blvd.**

City **Fort Lauderdale**

**FL**

Zip Code  
**33306**

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

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

(NOTE: Registered Agent signature required when reinstating)

**Edward Cabral, Manager**

DATE

**1/13/2000**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **CABRAL, EDWARD**  
STREET ADDRESS **2601 EAST OAKLAND PARK BLVD.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33069**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Edward Cabral*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**Edward Cabral**

Date

Daytime Phone #

**600003188926--8**  
**-03/29/00--01072--024**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**