

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90065 034 \*\*\*\*\*50.00

0031572

**DOCUMENT # L99000006691**

1. Entity Name

**YATEL MANUFACTURING, L.C.**

Principal Place of Business

**16300 N.E. 19TH AVE., #100  
 NORTH MIAMI BEACH FL 33162**

Mailing Address

**16300 N.E. 19TH AVE., #100  
 NORTH MIAMI BEACH FL 33162**

**908067**

2. Principal Place of Business

3. Mailing Address

**16300 NE 19 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**C**

City & State

City & State

**North Miami Bch. FL**

4. FEI Number

**65-0955351**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33162**

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

**FERNANDO SILVA  
 16300 N.E. 19TH AVE., #100  
 NORTH MIAMI BEACH FL 33162**

Name **Fernando Silva**

Street Address (P.O. Box Number is Not Acceptable)  
**16300 NE 19 AVE**

**Suite C**

City **NMB**

**FL**

Zip Code

**33162**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
 NAME **BLUMENTAL, LUIS SAUL**  
 STREET ADDRESS **14235 MEMORIAL HIGHWAY**  
 CITY-ST-ZIP **MIAMI FL 33161**

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:

**SIGNATURE REQUIRED**

**1/14/02**

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

Date

Daytime Phone #

CR2E083 (9/01)