

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90128 041 \*\*\*\*\*50.00

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**DOCUMENT # L99000006691**

1. Entity Name

**YATEL MANUFACTURING, L.C.**



Principal Place of Business

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

Mailing Address

**16300 N.E. 19TH AVE  
C  
NORTH MIAM BEACH FL 33162**

2. Principal Place of Business

**9753 NW 91 CT**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**MEDLEY FL**

City & State

Zip

**33178**

Country

**USA**

Zip

Country

4. FEI Number **65-0955351**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **FERNANDO SILVA**  
Street Address (P.O. Box Number is Not Acceptable)  
**16300 NE 19 Ave**  
**SUITE C**  
City **N. Miami Beach** 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **LUIS SAUL BLUMENTAL**  
STREET ADDRESS **9753 NW 91 CT**  
CITY-ST-ZIP **MEDLEY FL 33178**

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

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

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

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

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

Date

Daytime Phone #

CR2E083 (10/02)