

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M14101

1. Entity Name

YOLY DISTRIBUTORS CORP.

R

**FILED**  
**Jul 31, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90009 027 \*\*\*150.00

80040301



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% JUVENAL CABRERA 931 SW 73RD PLACE MIAMI FL 33144	% JUVENAL CABRERA 931 SW 73RD PLACE MIAMI FL 33144

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-2527712	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CABRERA, JUVENAL 931 SW 73 PLACE MIAMI FL 33126

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CABRERA, JUVENAL
STREET ADDRESS	931 SW 73RD PLACE
CITY-ST-ZIP	MIAMI FL 33144
TITLE	SD
NAME	CABRERA, YOLANDA
STREET ADDRESS	931 SW 73RD PLACE
CITY-ST-ZIP	MIAMI FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUVENAL CABRERA 7-16-00 305-262-9378  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment M14101

ADU76351

Yoly Distributors Corp.  
c/o Juvenal and Yolanda Cabrera  
931 S.W. 73<sup>rd</sup> Place  
Miami, Florida 33144

**VIA CERTIFIED MAIL**  
**RRR P827 381 981**

July 21, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**Re: Yoly Distributors Corp.**

Dear Sir/Madam:

Enclosed please find my executed 2000 Uniform Business Report along with my check in the amount of \$150.00. Please note that I am forwarding my check in the amount of \$150.00 because I never received the first notice of this report. This "second notice" was in fact my first notice of same. If you have any questions, please do not hesitate contact me at the above address. Thank you for your immediate attention to this matter.

Very truly yours,

  
JUVENAL CABRERA,  
President of Yoly Distributors Corp.

Enclosure