

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M25823

1. Entity Name  
YOIL INTERNATIONAL, INC.

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90040 037 \*\*\*150.00

Principal Place of Business

1825 COLLINS AVE  
MIAMI BEACH FL 33139

Mailing Address

1825 COLLINS AVE  
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2385514**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOX, JACINTO  
1825 COLLINS AVE  
MIAMI BEACH FL 33139

Name  
**JORGE CHAN MARTINEZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**1825 COLLINS AVE**

City **MIAMI, FL.** **FL** Zip Code **33139**

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

*Jorge Chan Martinez*

3/17/01

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

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RIANDE DE VICTORIA, LUCIA</b>	
STREET ADDRESS	<b>VIA ESPANA Y CALLE RICARDO ARIAS</b>	
CITY-ST-ZIP	<b>PANAMA 7, REPUB DE PANAMA</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LUZZI DE RIANDE, YOLANDA</b>	
STREET ADDRESS	<b>VIA ESPANA Y CALLE RICARDO ARIAS</b>	
CITY-ST-ZIP	<b>PANAMA 7 REPUB OF PANAMA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>RIANDE, NOEL ANTONIO</b>	
STREET ADDRESS	<b>VIA ESPANA Y CALLE RICARDO ARIAS</b>	
CITY-ST-ZIP	<b>PANAMA 7 REBPUB OF PANAMA</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>RIANDE DE MINDREAU, DOLORES</b>	
STREET ADDRESS	<b>VIA ESPANA Y CALLE RICARDO ARIAS</b>	
CITY-ST-ZIP	<b>PANAMA 7 REPUB OF PANAMA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUZZI DE RIANDE, YOLANDA</b>	
STREET ADDRESS	<b>VIA ESPAÑA Y CALLE RICARDO ARIAS</b>	
CITY-ST-ZIP	<b>PANAMA 7, REP. DE PANAMA</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIANDE DE VICTORIA, LUCIA</b>	
STREET ADDRESS	<b>VIA ESPAÑA Y CALLE RICARDO ARIAS</b>	
CITY-ST-ZIP	<b>PANAMA 7, REP. DE PANAMA</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIANDE LUZZI, DOLORES</b>	
STREET ADDRESS	<b>VIA ESPAÑA Y CALLE RICARDO ARIAS</b>	
CITY-ST-ZIP		
TITLE	<b>COUNCELOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LUZZI DE ALVARADO, MAXINE</b>	
STREET ADDRESS	<b>VIA ESPAÑA Y CALLE RICARDO ARIAS</b>	
CITY-ST-ZIP	<b>PANAMA 7, REP. DE PANAMA</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIANDE, NOEL ANTONIO</b>	
STREET ADDRESS	<b>VIA ESPAÑA Y CALLE RICARDO ARIAS</b>	
CITY-ST-ZIP	<b>PANAMA 7, REP. DE PANAMA</b>	

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-2-2001

264-2537

Date

Daytime Phone #

CR2E034 (10/00)