

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90146 015 \*\*\*150.00

DOCUMENT # **M25823**

1. Entity Name  
**YOIL INTERNATIONAL, INC.**



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.

☐ CHECK HERE IF MAKING CHANGES

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

**MARTINEZ, JORGE CHAN  
1825 COLLINS AVE  
MIAMI FL 33139**

Name  
**PETER AVINO**  
Street Address (P.O. Box Number is Not Acceptable)  
**1825 COLLINS AVE  
MIAMI BEACH  
FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Peter Avino*

**4-8-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete  
NAME **RIANDE DE VICTORIA, LUCIA**  
STREET ADDRESS **VIA ESPANA Y CALLE RICARDO ARIAS**  
CITY-ST-ZIP **PANAMA 7, REPUB DE PANAMA**

TITLE ☐ Change ☐ Addition  
NAME *[Signature]*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **LUZZI DE RIANDE, YOLANDA**  
STREET ADDRESS **VIA ESPANA Y CALLE RICARDO ARIAS**  
CITY-ST-ZIP **PANAMA 7 REPUB OF PANAMA**

TITLE ☐ Change ☐ Addition  
NAME *Yolanda L. de Riande*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **RIANDE LUZZI, DOLORES**  
STREET ADDRESS **VIA ESPANA Y CALLE RICARDO ARIAS**  
CITY-ST-ZIP **PANAMA 7 REPUB OF PANAMA**

TITLE ☐ Change ☐ Addition  
NAME *[Signature]*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☐ Delete  
NAME **LUZZI DE ALVARADO, MAXINE**  
STREET ADDRESS **VIA ESPANA Y CALLE RICARDO ARIAS**  
CITY-ST-ZIP **PANAMA 7 REP DE PANAMA**

TITLE ☐ Change ☐ Addition  
NAME *Maxine L. de Alvarado*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 531-3503