

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002872

1- Entity Name

YAYABO BASEBALL ACADEMY, INC.

FILED

Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90019 030 \*\*\*\*70.00

Principal Place of Business

3740 NW 12 TERR.  
MIAMI FL 33126

Mailing Address

WEST END PARK 250 S.W. 60TH AVE.  
MIAMI FL 33144

2. Principal Place of Business

430 72 ST #10

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

33141

Country

USA

Zip

Country

4. FEI Number

65-1007687

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUEVARA, PEDRO  
3740 NW 12 TERR.  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name Juan Bode

Street Address (P.O. Box Number is Not Acceptable)

430 72 ST #10

City

MIAMI Bch.

FL

Zip Code

33141

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

4-14-01

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GUEVARA, PEDRO	
STREET ADDRESS	3740 NW 12 TERR.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BODE, JUAN	
STREET ADDRESS	3740 NW 12 TERR.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MONZON, SANDRA	
STREET ADDRESS	3740 NW 12 TERR.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD- JUAN Bode	
STREET ADDRESS	430-72 ST- #10	
CITY-ST-ZIP	MIAMI Beach. FL- 33141	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jesus del Sol	
STREET ADDRESS	900 West Ave.	
CITY-ST-ZIP	Apt. 1229 Miami Beach FL 33139	
	Secretario	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cenaida Bode	
STREET ADDRESS	430 72 ST #10	
CITY-ST-ZIP	MIAMI Bch FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-01

CR2E037 (10/00)