

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002872

1. Entity Name

YAYABO BASEBALL ACADEMY, INC.

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91592 033 ****61.25

362168



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

430 72 ST
 #10
 MIAMI FL 33141

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

BODE, JUAN
 430 72 STREET
 #10
 MIAMI FL 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME BODE, JUAN
 STREET ADDRESS 430 72 STREET #10
 CITY-ST-ZIP MIAMI FL 33141 ☐ Delete

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

TITLE SD
 NAME DEL SOL, JESUS
 STREET ADDRESS 900 WEST AVE
 CITY-ST-ZIP MIAMI FL 33139 ☒ Delete

TITLE SD
 NAME Dominga Aseeff
 STREET ADDRESS 202 NW 34 Ave
 CITY-ST-ZIP Miami, FL 33126 ☒ Change ☐ Addition

TITLE VD
 NAME BODE, CENAI DA
 STREET ADDRESS 430 72 ST #10
 CITY-ST-ZIP MIAMI FL 33141 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

Juan Bode
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/02

Date

Daytime Phone #

CR2E037 (9/01)

0095713