

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90090 025 \*\*\*\*70.00

**DOCUMENT # N01000001981**

1. Entity Name  
**OPERATION Y.E.S., INC.**



Principal Place of Business

**2780 WEST 76TH STREET  
SUITE 207  
HIALEAH FL 33016**

Mailing Address

**2780 WEST 76TH STREET  
SUITE 207  
HIALEAH FL 33016**

2. Principal Place of Business

**101 S.W. Redland Road  
Suite, Apt. #, etc. N/A**

3. Mailing Address

**Operation: Y.E.S. Inc.  
Suite, Apt. #, etc. P.O. Box 900995**



☒ CHECK HERE IF MAKING CHANGES

City & State

**Florida City, Florida**

City & State

**Homestead, Florida**

4. FEI Number **65-1095855**

Applied For

Not Applicable

Zip

**33034**

Country

**N/A U.S.A.**

Zip

**33090-0995**

Country

**U.S.A. N/A**

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FEINMAN, STEVEN A ESQ.  
8530 STATE ROAD 84  
DAVIE FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PT** ☐ Delete  
NAME **JOHNSON, ZANECUS L**  
STREET ADDRESS **2780 WEST 76TH ST APT 207**  
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **P** ☒ Change ☐ Addition  
NAME **Johnson, ZANECUS L.**  
STREET ADDRESS **5840 S.W. 14th Street**  
CITY-ST-ZIP **West Miami, FL 33144**

TITLE **SD** ☐ Delete  
NAME **JOHNSON, BEVERLY A**  
STREET ADDRESS **2780 WEST 76TH ST APT 207**  
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **S/D** ☒ Change ☐ Addition  
NAME **Johnson, Beverly A.**  
STREET ADDRESS **5840 S.W. 14th Street**  
CITY-ST-ZIP **West Miami, FL 33144**

TITLE **VD** ☐ Delete  
NAME **MUNIZ, NEIL A**  
STREET ADDRESS **7943 SW 167 STREET**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **V/T** ☒ Change ☐ Addition  
NAME **Muniz, Neil A.**  
STREET ADDRESS **2203 SE. 26 Lane**  
CITY-ST-ZIP **Homestead, FL 33035**

TITLE **D** ☐ Delete  
NAME **REED, LOUIS C**  
STREET ADDRESS **3231 N.W. 191 ST**  
CITY-ST-ZIP **OPA LOCKA FL 33056**

TITLE **- D -** ☐ Change ☐ Addition  
NAME **Aviles, Emilio III**  
STREET ADDRESS **29660 S.W. 166 CT**  
CITY-ST-ZIP **Homestead, FL 33033**

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 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 information covered.

SIGNATURE: **Zanecus L. Johnson**

**9 April 03 305-812-8349**

CR2E037 (10/02)