

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-02-2004 90005 037 ****61.25

DOCUMENT # N02000004805

1. Entity Name

YANKYLAND UNITED MOVEMENT OF AMERICA, CORP.



Principal Place of Business

1935 SW 2ND ST. #4
MIAMI FL 33135

Mailing Address

1935 SW 2ND ST. #4
MIAMI FL 33135

00201011



MOORE CR2E037 (11/03)

2. Principal Place of Business

2

3. Mailing Address

2

Suite, Apt. #, etc.

MIAMI

FL

Suite, Apt. #, etc.

MIAMI FL

City & State

City & State

4. FEI Number

43-1965242

Applied For

Not Applicable

Zip

33125

Country

USA

Zip

33125

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, ALEXANDER
1935 SW 2ND ST. #4
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

ALEXANDER DOMINGUEZ

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

1922 NW 7th St #2

City

MIAMI

FL

Zip Code

33125

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
Due By May 1, 2004

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

TITLE	DIRE	<input checked="" type="checkbox"/> Delete
NAME	BERENGUER, CARLOS	
STREET ADDRESS	725 NW, 126 CT.	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, ALEXANDER	
STREET ADDRESS	1935 SW, 2ND ST. #4	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	DIRE	<input type="checkbox"/> Delete
NAME	FERNANDEZ, MARZO	
STREET ADDRESS	7130 SW, 5 ST.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DIRE	<input type="checkbox"/> Delete
NAME	ALONSO, NORBERTO	
STREET ADDRESS	12286 SW, 10 ST.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	VANESSA DOMINGUEZ	
STREET ADDRESS	1922 NW, 7th ST #2	
CITY-ST-ZIP	MIAMI, FL 33125	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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)

01/27/04 (305) 285-1751
Date Daytime Phone #