

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000015977**

1. Entity Name

YADI'S LATIN AMERICAN RESTAURANT, INC.**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90170 007 ***150.00

Principal Place of Business
19576 N.W. 55TH CIRCLE PLACE
MIAMI FL 33055Mailing Address
19576 N.W. 55TH CIRCLE PLACE
MIAMI FL 33055**00046434**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

111 NW 183 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#112

City & State

City & State

MIAMI FL

4. FEI Number

65-0993088

Applied For

Not Applicable

Zip

Country

Zip

Country

33169-45375. 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

GALLEGO, YADIRA
19576 N.W. 55TH CIRCLE PLACE
MIAMI FL 33055

Name

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

111 NW 183 ST #112City **MIAMI****FL**

Zip Code

33169-4537

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

Yadira Gallego

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/019. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	GALLEGO, YADIRA			
	19576 N.W. 55TH CIRCLE PLACE			
	MIAMI FL 33055			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yadira Gallego

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01 (305) 650-9111

Date

Daytime Phone #

CR2E034 (10/00)