

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**  
 04-02-2001 90074 038 \*\*\*150.00

0179601

**DOCUMENT # P00000017786**

1. Entity Name

**ESCUELA MISTICA DE LA LLAMA VIOLETA, INC.**

Principal Place of Business

**5751 S.W. 7TH ST.  
 MIAMI FL 33144**

Mailing Address

**5751 S.W. 7TH ST.  
 MIAMI FL 33144**

2. Principal Place of Business

**4315 NW 7 ST**

Suite, Apt. #, etc.

**SUITE 34-35**

City & State

**MIAMI FL**

Zip

**33126**

Country

3. Mailing Address

**PO BOX 451435**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

Zip

**33245**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**63-0974469**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**YONG, JUAN**

**5751 S.W. 7TH ST.  
 MIAMI FL 33144**

7. Name and Address of New Registered Agent

**YONG, JUAN**

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

**4315 NW 7 STREET**

**SUITE 34-35**

City

**MIAMI**

**FL**

Zip Code

**33126**

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]*

**JUAN YONG**

**03/26/01**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 State**

10. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be**

**Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>PVST</b>	<input type="checkbox"/> Delete
NAME	<b>YONG, JUAN</b>	
STREET ADDRESS	<b>5751 S.W. 7TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>YONG, JUAN</b>	
STREET ADDRESS	<b>5751 S.W. 7TH ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DPST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YONG, JUAN</b>	
STREET ADDRESS	<b>4315 NW 7 STREET #34-35</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
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		

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:

*[Signature]*

**JUAN YONG-PRES**

**03/26/01**

**(305) 447-0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)