2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000020866 DOCUMENT # 1. Entity Name

Principal Place of Business 11909 SW 78 TERRACE MIAM! FL 33183

YAIYIYO PROPERTIES, INC.

Mailing Address 11909 SW 78 TERRACE UNIT A MIAMI FL 33183

2. Principal Plac	ce of Business	3. Mailing Address		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90036 031 ***150.00

4:004220



DATE

CHECK	HERE	ΙF	MAKING	CHANGES

		65-0996847		Not Applied
Zip	Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required
istered Agent		7. Name and Address of New Re	gistere	d Agent
	Name			

4 FELNumber

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

CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1600 MIAMI CENTER MIAMI FL 33131

SIGNATURE

6. Name and Address of Current Reg

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

Ci	ty			FL	Zip Code	
		 	 		·	

the obligations of registered agent.	the purpose of changing its registered office or registered agent, or both, in the State of Florida. I	am familiar with, and accept
and designations of registered agent.		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00	May Be
Added to	Fees

Applied For Not Applicable

10.	OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME STREET ADDRESS CITY-ST-ZIP	D Delete NUNEZ, ANTONIO E 11919 SW TERRACE MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	- 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		

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 changed, or on an attachment with an eadyess, with all other like empowered.

SIGNATURE:

Daytime Phone #