

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90494 004 ***150.00

DOCUMENT # P00000024378

1. Entity Name

YANKIL OIL, INC.

Principal Place of Business

250 N.E. 174TH ST., #1718
SUNNY ISLES FL 33160

Mailing Address

250 N.E. 174TH ST., #1718
SUNNY ISLES FL 33160

2. Principal Place of Business

3. Mailing Address

C/O PEREZ, BEHAR & ASSOCIATES, PA

Suite, Apt. #, etc.
13935 NW 1ST AVE

City & State
MIAMI, FL 33168

Zip
33168

Country
USA



DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL 33168

Zip
33168

Country
USA

4. FEI Number
65-0999348

Applied For
Not Applicable

5. 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

AZARIEV, YANKIL
250 N.E. 174TH ST., #1718
SUNNY ISLES FL 33160

Name
RAMON PEREZ
Street Address (P.O. Box Number is Not Acceptable)
PEREZ, BEHAR & ASSOC PA
13935 NW 1ST AVE
City
MIAMI FL 33168 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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON PEREZ

SEC.

2/21/2001

305-688-9694

DATE

Daytime Phone #

CR2E034 (10/00)