

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025036

1. Entity Name
Y3K, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90012 042 ***150.00

Principal Place of Business
7400 S.W. 50 TERRACE
SUITE 200
MIAMI FL 33155

Mailing Address
7400 S.W. 50 TERRACE
SUITE 200
MIAMI FL 33155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0999266		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MIAMI CORPORATE SYSTEMS, INC. 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (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, 2002 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	SANCHEZ, GIL GARCIA	NAME	
STREET ADDRESS	7400 SW 50TH TERRACE SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	SANCHEZ, JULIAN GARCIA	NAME	
STREET ADDRESS	7400 SW 50TH TERRACE SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	CARMONA, BENITO A	NAME	
STREET ADDRESS	7400 SW 50TH TERRACE SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: BENITO A. CARMONA 1/15/02 (305) 264-3528
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)