## 2001 UNIFORM BUSINESS REPORT (UBR)

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## May 18, 2001 8:00 am Secretary of State DOCUMENT # P00000027422 05-18-2001 91566 022 \*\*\*150 00 YALINE DESIGN, INC. Principal Place of Business Mailing Address 6201 ARTHUR STREET 6201 ARTHUR STREET HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-09 Not Applicable - - Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CANTERA, EDUARDO ESQ Street Address (P.O. Box Number is Not Acceptable) 1762 CORAL WAY MIAM! FL 33145 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 This corporation is eligible to satisfy its Intangible Tax Illing requirement and elects to do so. -- FILE NOW!!!LFEE IS \$159.00--- ---10. Election Campaign Financing \$5.00 May Be After MAY\_1, 2001 Fee will be \$550.00 Trust Fund Contribution: (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD CR2E034 (10/00) Delete TITLE ☐ Chance GONZALEZ, YALINE NAME NAME STREET ADDRESS STREET ADDRESS **6201 ARTHUR STREET** CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP MLE ☐ Delate ☐ Change ☐ Addition TITLE NAME COLINA, RANGER NAME STREET ADDRESS STREET ADDRESS **6201 ARTHUR STREET** CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 TITLE Detete TITLE ☐ Change ■ Addition NAME GONZALEZ, NESTOR W NAME STREET ADDRESS **6201 ARTHUR STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 TILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City.St. 7P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.