

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90001 028 ***150.00

DOCUMENT # P00000045161

1. Entity Name

YSKAKI, INC.

DO NOT WRITE IN THIS SPACE

636420

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
888 Brickell Avenue

Suite, Apt. #, etc.

Fifth Floor

City & State
Miami, Florida

Zip
33131

Country
U.S.A.

3. Mailing Address
888 Brickell Avenue

Suite, Apt. #, etc.

Fifth Floor

City & State
Miami, Florida

Zip
33131

Country
U.S.A.

4. FEI Number
65-1007912

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Juan Vicente Urdaneta**

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

Fifth Floor

City **Miami** **FL** **Zip Code** **33131**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
NAME **D**
Gilberto Correa
STREET ADDRESS **888 Brickell Ave., Fifth Floor**
CITY-ST-ZIP **Miami, Florida 33131**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/02 **(305) 358-0028**
Date Daytime Phone #

CR2E034B (12/01)