

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056507

1. Entity Name  
YANUKA, INC.

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90054 009 \*\*\*150.00

Principal Place of Business  
175 FONTAINEBLEU BLVD.  
SUITE 2-K  
MIAMI FL 33172

Mailing Address  
175 FONTAINEBLEU BLVD.  
SUITE 2-K  
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc. U

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1067964

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

GONZALEZ, YANIRA  
9854 SW 8 ST, #301  
MIAMI FL 33174

Name NUBIA GONZALEZ  
Street Address (P.O. Box Number is Not Acceptable)  
10211 FOUNTAINEBLEAU BLVD # 204  
City MIAMI FL Zip Code 33172

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]*  
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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME GONZALEZ, JOSE Y  
STREET ADDRESS 9854 SW 8 ST, #301  
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10211 FOUNTAINEBLEAU BLVD 204  
CITY-ST-ZIP MIAMI FL 33172

TITLE D  
NAME GONZALEZ, NUBIA  
STREET ADDRESS 9854 SW 8 ST, #301  
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 10211 FOUNTAINEBLEAU BLVD 204  
CITY-ST-ZIP MIAMI FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)