

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 25 AM 11:31

0117348 AT

DOCUMENT # P00000068285

1. Entity Name
YELLOW GROUP, INC.

Principal Place of Business
9460 N.W. 12TH ST.
SUITE 203
MIAMI FL 33172

Mailing Address
P.O. BOX 330168
MIAMI FL 33233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1027163

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

LOBATO, VICTOR
1401 NW 78TH AVENUE
SUITE 302
MIAMI FL 33126

Name
LOBATO VICTOR
Street Address (P.O. Box Number is Not Acceptable)
9460 N.W. 12th St.
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, 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE PD
NAME LOBATO, VICTOR
STREET ADDRESS 1401 NW 78TH AVENUE SUITE 302
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE STD
NAME BERTOOG, CLAUDIO
STREET ADDRESS 1401 NW 78TH AVENUE SUITE 302
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LOBATO VICTOR
STREET ADDRESS 9460 N.W. 12th St.
CITY-ST-ZIP Miami, FL 33172 ☒ Change ☐ Addition

TITLE TD
NAME BERTOOG CLAUDIO
STREET ADDRESS 9460 N.W. 12th St.
CITY-ST-ZIP Miami, FL 33172 ☒ Change ☐ Addition

TITLE S
NAME ARTHO ASTRID
STREET ADDRESS 2901 S. Bayshore Dr.
CITY-ST-ZIP Miami, FL 33133 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

09/19/01

305-490-9373

Design Phone #

CR2E034 (5/01)

SP