

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90470 012 \*\*\*158.75

**DOCUMENT # P00000072390**

1. Entity Name  
**YAPA INVESTMENTS, INC.**



Principal Place of Business  
**1000 BRICKELL AVE  
SUITE #920  
MIAMI FL 33131**

Mailing Address  
**1000 BRICKELL AVE  
SUITE #920  
MIAMI FL 33131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1032473**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**PERRONE, STEPHEN L  
1000 BRICKELL AVE, SUITE 920  
MIAMI FL 33131**

Name **PERRONE, STEPHEN L**  
Street Address (P.O. Box Number is Not Acceptable)  
**1000 BRICKELL AVE  
SUITE 920**  
City **Miami** FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating) /

DATE **11/2/03**

**FEE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD JARAMILLO, SUSAN**  
STREET ADDRESS **6405 EDGEWORTH DR**  
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE ☐ Delete  
NAME **SD Georgi**  
STREET ADDRESS **GEORGI, LUCIE**  
CITY-ST-ZIP **1000 BRICKELL AVE #920  
MIAMI FL 33131**

TITLE ☒ Change ☐ Addition  
NAME **SD GEORGI, LUCIE**  
STREET ADDRESS **1000 BRICKELL AVE. #920**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Lucie Georgi, Director** Date **3/12/03** Daytime Phone # **(305) 702-5504**

CR2E034 (10/02)