

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90022 031 ***150.00

DOCUMENT # P00000088342

1. Entity Name
YMI FOOD MART, INC.

Principal Place of Business

**3987 US HIGHWAY 27 S.
 LAKE WALES FL 33853**

Mailing Address

**3987 US HIGHWAY 27 S.
 LAKE WALES FL 33853**

2. Principal Place of Business

15375 Hwy 27 So.

Suite, Apt. #, etc.

3. Mailing Address

15375 Hwy 27 So.

Suite, Apt. #, etc.

City & State

LAKE WALES FL

City & State

LAKE WALES FL

4. FEI Number

65-1040974

Applied For

Not Applicable

33859

Country

USA

33859

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**IGLESIAS, YOLIE
 116 LOQUAT ROAD
 LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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 **D** ☐ Delete
 NAME **IGLESIAS, YOLIE**
 STREET ADDRESS **116 LOQUAT ROAD**
 CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

YOLIE IGLESIAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/02 (863) 638-4440
 Date Daytime Phone #

CR2E034 (4/02)

Attachment 9/5/02

PO0000088342/871220

To Whom it may concern:

This letter is to certify
that the Corporation did
not receive the prior
notice

Thank you
Y Iglesias
President

Y.M.I.-Food Mart Inc
15375 Hwy 27 So.
LAKE WALES FL 33859
(863) 638-4440