

2001 UNIFORM BUSINESS REPORT (UBR)

0033518 AV

DOCUMENT # P00000097513

1. Entity Name
YARE INVESTMENT, CORP.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 11 PM 3:49

Principal Place of Business
782 NW 42 AVE. STE 638
MIAMI FL 33126

Mailing Address
782 NW 42 AVE. STE 638
MIAMI FL 33126

2. Principal Place of Business
36 NE 1st
Suite, Apt. #, etc. 648
City & State MIAMI, FL
Zip 33132 Country USA

3. Mailing Address
36 NE 1st
Suite, Apt. #, etc. 648
City & State MIAMI, FL
Zip 33132 Country USA

REINSTATEMENT 01

4. FEI Number 65-1119057 Applied For
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAZZA-MARTINEZ, TANIA A
782 NW 42 AVE, STE 638
MIAMI FL 33126

7. Name and Address of New Registered Agent
Name MAZZA-MARTINEZ, TANIA
Street Address (P.O. Box Number is Not Acceptable)
782 NW 42 AVE. Suite 638
City MIAMI FL Zip Code 33126

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]* DATE 10/8/01
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P EGER, SALO J MONJAS A PADRE SIERRA MINICENTRO PARIS LOCAL 2. CARACAS, VENEZUELA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE EGER, NAVA GORIN MONJAS A PADRE SIERRA MINICENTRO PARIS LOCAL 2. CARACAS, VENEZUELA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SALO EGER PRESIDENT 36 NE 1st. Suite 648 MIAMI, FL 33132 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EGER, NAVA GORIN DIRECTOR 36 NE 1st. Suite 648 MIAMI, FL 33132 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL MANAGER JOSE A. BIANCULLI 36 NE 1st. Suite 648 MIAMI, FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/01 305-
Date Daytime Phone #

CR2E034 (5/01)