

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90669 010 ***150.00

DOCUMENT # P00000097571

1. Entity Name

Y+D Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

300 Aragon Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

265

City & State

City & State

Coral Gables, FL 33134

Zip

Country

Zip

Country

4. FEI Number

65-1048737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

B0064729

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

David de la Paz

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

300 Aragon Ave

Ste 265

City

Coral Gables

FL

Zip Code

33134

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

David de la Paz

David de la Paz

4/12/02

Signature, typed or printed name of registered agent and date 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 De La Paz, David President
NAME
STREET ADDRESS 300 Aragon Ave Ste 265
CITY-ST-ZIP Coral Gables, FL 33134

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

David de la Paz

4/12/02

305-835-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)