

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000108718**1. Entity Name  
YWG, INC.

## Principal Place of Business

7025 SW 152 COURT

MIAMI  
33193

FL

## Mailing Address

7025 SW 152 COURT

MIAMI  
33193

FL

## 2. Principal Place of Business

7025 SW 152 COURT

## 3. Mailing Address

7025 SW 152 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

MIAMI

FL

## City &amp; State

MIAMI

FL

Zip  
33193Country  
USZip  
33193Country  
US

## 4. FEI Number

65-1059402

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

TOLEDO GALLO OLGA  
7025 SW 152 STMIAMI  
33193

FL

US

## 7. Name and Address of New Registered Agent

## Name

TOLEDO GALLO OLGA

Street Address (P.O. Box Number is Not Acceptable)  
7025 SW 152 COURTCity  
MIAMI

FL

Zip Code  
33193

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)

05/26/2001

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	VS	<input type="checkbox"/> Delete
NAME	TOLEDO GALLO OLGA	
STREET ADDRESS	7025 SW 152 ST	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	P	<input type="checkbox"/> Delete
NAME	WASHINGTON GALLO YACIR	
STREET ADDRESS	7025 SW 152 ST	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLEDO GALLO OLGA	
STREET ADDRESS	7025 SW 152 COURT	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON GALLO YACIR	
STREET ADDRESS	7025 SW 152 COURT	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** TOLEDO GALLO, OLGA

VS

05/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)