

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90073 033 ***150.00

DOCUMENT # P01000000761

1. Entity Name
Y Y EXPRESS INC.

Principal Place of Business
9910 NW 80TH AVE. BAY 2-T
HIALEAH GARDENS FL 33016

Mailing Address
9910 NW 80TH AVE. BAY 2-T
HIALEAH GARDENS FL 33016



2. Principal Place of Business
252 W 37 ST
 Suite, Apt. #, etc.

3. Mailing Address
252 W 37 ST
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HIaleah FL
 Zip
33012 Country
MIAMI Dade

City & State
HIaleah FL
 Zip
33012 Country
MIAMI Dade

4. FEI Number
65-1075843 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

YCASA, YOEL
9910 NW 80TH AVE. BAY 2-T
HIALEAH GARDENS FL 33016

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 **PD** ☐ Delete
 NAME **YCASA, YOEL**
 STREET ADDRESS **9910 NW 80TH AVE. BAY 2-T**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE **VPD** ☐ Delete
 NAME **RUMBAUT, ANA IBIS**
 STREET ADDRESS **9910 NW 80TH AVE. BAY 2-T**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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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TITLE ☐ Change ☐ 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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (786) 277-8908
 Date Daytime Phone #

CR2E034 (9/01)