

2002

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90294 010 ***158.75

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

DOCUMENT # P01000002949

1. Entity Name
YAMILE'S HOME, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6135 W 8 Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hialeah, FL

City & State

4. FEI Number

65-0922529

Applied For
Not Applicable

Zip 33012

Country USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
ESPINOSA, SILVIA I.

Street Address (P.O. Box Number is Not Acceptable)
6135 W. 8 Avenue

City Hialeah

FL

Zip Code 33012

**DO NOT WRITE
IN THIS SPACE**

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 *Silvia I. Espinosa*

SILVIA I. ESPINOSA (Reg. Agt)

4/29/02

Signature - typed or printed name of registered agent and the corporation.

NOTE: Registered Agent Signature required when reconstituting

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 \$250.00

Amended UBR is \$61.25

Make Checks 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	PSTD ESPINOSA, SILVIA I. 6135 W. 8th Avenue Hialeah, FL 33012
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: not empowered.

SIGNATURE: *Silvia I. Espinosa*

SILVIA I. ESPINOSA

4/29/02

305-362-3033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PSTD

DATE

TELEPHONE NUMBER

CR2E031B (12/01)