

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90074 038 ***550.00

0141613 AT

DOCUMENT # P01000016429

1. Entity Name
YASMAR DAIRY, INC.



Principal Place of Business
826 CR 466
OXFORD FL 33484

Mailing Address
826 CR 466 *900 Cleveland Ave*
OXFORD FL 33484 *Wildwood Fl 33484*



2. Principal Place of Business

3. Mailing Address
900 Cleveland Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Wildwood Florida

4. FEI Number **65-1106410**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTARELLAS, YOLANDA
826 CR 466
OXFORD FL 33484

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Yolanda Estarellas

07/15/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ESTARELLAS, YOLANDA**
STREET ADDRESS **826 CR 466**
CITY-ST-ZIP **OXFORD FL 33484**

TITLE ☒ Change ☐ Addition
NAME *900 Cleveland Ave*
STREET ADDRESS *Wildwood FL 33484*
CITY-ST-ZIP *Wildwood FL 33484*

TITLE **D** ☐ Delete
NAME **CRESPO, MARIO**
STREET ADDRESS **826 CR 466**
CITY-ST-ZIP **OXFORD FL 33484**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

07/15/03

352-330-0223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)