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FILED
Oct 02, 2002 8:00 am
Secretary of State

09-23-2002 90046 032 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021504

1. Entity Name

YULEIMA CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

956 NORMANDY DR

Suite, Apt. #, etc.

3. Mailing Address

7098 BONITA DRIVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL 33141

Zip

33141

Country

US

City & State

MIAMI BEACH, FL 33141

Zip

33141

Country

US

4. FEI Number

65-1081262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

43426

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ANTHONY L. TRULLENQUE, ESQ.

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

7098 BONITA DRIVE

MIAMI BEACH, FLORIDA 33141

City

MIAMI BEACH

FL

Zip Code
33141

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)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back) **XX**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP GREGORIO OLIVARES, JOSE 1265 MARSEILLES DR. # 134 MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPST TOLEDO, YULEIMA ANDREINA 1265 MARSEILLES DR. # 134 MIAMI BEACH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

09-12-02

(305) 867-4757

Date

Daytime Phone

Attachment 4/34/26

YULEIMA CORPORATION
C/O 7098 BONITA DRIVE
MIAMI BEACH, FLORIDA 33141
(305) 867-4955

September 12, 2002

Division of Corporation
409. East Gaines Street
Tallahassee, Florida 32399

Re: Annual Report 2002
Doc # P01000021504

Dear Officer:

Please be advised that we have not received the Uniform Business Report for the calendar year 2002. A provider notified us that we are not current with the State of Florida fees. We called your Department for the correct information. We have problems with the delivery of our mail in the business place, other correspondences have been lost too. Therefore we are changing our mailing address to the above stated address and we are requesting to your Department the waiver of the penalty fees that is been assessed for late filing. Please consider your position and allow us to renew our corporation as you instructed.

Thank you for your consideration. Please do not hesitate to contact us if any further information is needed.

Sincerely yours,

Jose G. Olivares
President