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**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90120 040 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000032069

1. Entity Name  
 YARDS R US, INC.

Principal Place of Business  
 15201 SW 80 STREET #308  
 MIAMI FL 33193

Mailing Address  
 15201 SW 80 STREET #308  
 MIAMI FL 33193

2. Principal Place of Business  
 1648 NW 8 St  
 Suite, Apt. #, etc.

3. Mailing Address  
 1648 NW 8 St  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Homestead, Florida  
 Zip  
 33030

City & State  
 Homestead Florida  
 Zip  
 33030

4. FEI Number  
 65-1085089

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

MUNOZ, NELSON  
 15201 SW 80 STREET #308  
 MIAMI FL 33193

## 7. Name and Address of New Registered Agent

Name  
 Munoz Nelson  
 Street Address (P.O. Box Number is Not Acceptable)  
 1648 NW 8 St  
 City  
 Homestead FL Zip Code  
 33030

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 *Nelson Munoz*  
 Signature, typed or printed name of registered agent and title is acceptable.

(NOTE: Registered Agent signature required when reinstating)

1-15-02

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, 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 MUNOZ, NELSON  
 15201 SW 80 STREET #308  
 MIAMI FL 33193 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 MUNOZ, NELSON  
 1648 NW 8 St  
 Homestead FL 33030 ☐ Delete ☒ New

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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

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

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

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☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 786-473-6618

Date

Daytime Phone #

CR20034 (9/01)