

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90231 039 ***150.00

DOCUMENT # P01000081221	
1. Entity Name YANIA MAYELIN, INC.	

DO NOT WRITE IN THIS SPACE

11016512

2. Principal Place of Business 144 HIALEAH DR. Suite, Apt. #, etc.	3. Mailing Address 144 HIALEAH DR. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State HIALEAH, FL	City & State HIALEAH, FL	4. FEI Number 65-1138898	Applied For ☒ Not Applicable
Zip 33010	Country MIAMI--DADE	Zip 33010	Country MIAMI--DADE
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name ZAMORA, YANIA M.		
Street Address (P.O. Box Number is Not Acceptable) 144 HIALEAH DR.		
City HIALEAH	FL	Zip Code 33010

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 of Type or Printed Name of registered agent and his or her address	DATE _____ Registered Agent's Signature Required when Changing
January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing True: Fund Contribution: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
FILE NAME PD ZAMORA, YANIA M.	FILE NAME	DO NOT WRITE IN THIS SPACE	
STREET ADDRESS 144 HIALEAH DR.	STREET ADDRESS		
CITY-ST-ZIP HIALEAH, FL 33010	CITY-ST-ZIP		
FILE NAME VPST GONZALEZ, FIDEL	FILE NAME	DO NOT WRITE IN THIS SPACE	
STREET ADDRESS 144 HIALEAH DR.	STREET ADDRESS		
CITY-ST-ZIP HIALEAH, FL 33010	CITY-ST-ZIP		
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STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, when it is so empowered.	
SIGNATURE: <u>Yania Zamora</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04-21-03 Date

CR2E034B (12/02)