

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91562 014 ***150.00

DOCUMENT # **PD1000081595**

1. Entity Name

CHAYIL YOWEL INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17304 WALKER AV

Suite, Apt. #, etc.

STE 102

City & State

MIAMI

Zip

FL

Country

33157

3. Mailing Address

13966 SW 90TH AV

Suite, Apt. #, etc.

JJ101

City & State

MIAMI

Zip

FL

Country

33176

DO NOT WRITE IN THIS SPACE

4. FEI Number

010660133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Yvette KANARICK

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

13966 SW 90TH AV JJ101, MIA FL

MIAMI

City

FL

Zip Code

33176

**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

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) ☐

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 **Yvette Kanarick / PRESIDENT**

NAME **13966 SW 90TH AV JJ101**

STREET ADDRESS **MIAMI FL 33176**

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/02 (303) 323 1590

Daytime Phone #

CR2E034B (12/01)