

Apr 29 03 02:48p

EXPRESS

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**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90780 031 \*\*\*150.00

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

DOCUMENT # P01000082477

1. Entity Name Y.J.W. Corp. ✓

DO NOT WRITE IN THIS SPACE

60025870

2. Principal Place of Business

3813 SW 8 ST

Suite, Apt. #, etc.

3. Mailing Address

3813 SW 8 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Coral Gables FL

City &amp; State

Coral Gables, FL

4. FEI Number

65-1135911

Applied For

Not Applicable

Zip

33134

Country

DADE

Zip

33134

Country

DADE

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

7. Name and Address of Current Registered Agent

Name William Pinto

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

3813 SW 8 ST

City Coral Gables

FL

Zip Code  
33134DO 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

4/29/03

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDPST  
William Pinto  
3813 SW 8 ST  
Coral Gables, FL 33134TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP

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 reports are 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

4/29/03. (786) 326-1030

CR2E034B (12/01)