

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90269 015 ***150.00

DOCUMENT # P01000086543

1. Entity Name
Y & B MEDICAL SERVICES, INC.



Principal Place of Business
**8720 S.W. 9TH TERRACE, STE. 107
MIAMI FL 33174**

Mailing Address
**8720 S.W. 9TH TERRACE, STE. 107
MIAMI FL 33174**

2. Principal Place of Business
**9600 NW 38 St.
Suite, Apt. #, etc.
209**

3. Mailing Address
**9600 NW 38 St.
Suite, Apt. #, etc.
209**

City & State
Miami, Florida
Zip
33178
Country
U.S.A.

City & State
Miami, FL
Zip
33178
Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES
4. FEI Number **65-1137742** ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BANGO, YELENIS
260 N.W. 107 AVENUE, #102
MIAMI FL 33174**

7. Name and Address of New Registered Agent
Name
Yaleidis Bango
Street Address (P.O. Box Number is Not Acceptable)
8075 NW 7 St. # 408
City **Miami** **FL** Zip Code **33126**

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]* DATE **02-05-03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BANGO, YELENIS 1455 NW 14TH ST MIAMI FL 33125 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANGO, YELENIS 1455 NW 14TH ST MIAMI FL 33125 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **02-05-03 (786) 5125723**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)