Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90046 044 ***158.75

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000080766

1. Entity Name

Y.J. CUEVAS ENTERPRISES, INC.



						600 A	E TRUE						
Principal Place of Business 12002 SW 210TH STREET MIAMI FL 33177			12002	Mailing Address 12002 SW 210TH STREET MIAMI FL 33177				11021031					
2. Principal P	Place of Busin	ess	3. Mai	3. Mailing Address				ļ				10) 16 17 	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number Applied For Not Applicab					pplied For
Zip Country—			Zip-	Zip:==::=					ficate of Statu		P	\$8.75 Ad	ditional
	6 Name	and Address of Current	Registers	egistered Agent			7. Name and Address of New Registered Agent						
	Name												
OBREGON, ARTURO A 15330 SW 134TH PLACE #308						Street Address (P.O. Box Number is Not Acceptable)							
		ICE #308				ļ			<u> </u>	····			
MIAMI FL	33177												
							Sity					Zip Cod	le
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. (am familiar with, and accept the obligations of registered agent.) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11.									9. Election C Trust Fund	Contribution	on. [Adde	00 May Be d to Fees
10.	00	OFFICERS AND	DIRECTO		11.			ADDIT	UNS/CHANG	ES TO UF	FILERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUEVAS, J 12002 SW MIAMI FL 3	210TH STREET		☐ Delete			-					☐ Change	☐ Addition
STREET ADDRESS		ADIRA 210TH STREET 13177	·	☐ Delete				1 15 No. 12 P				Change	Addition
		N, YALILA Z 38TH PLACE 3175	-	D Delete	•		5D C06 120	EVA 102 Ami	5, 4A 5 W 21	01RA 0TH 3	STAFE	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			•					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delate				¥.,				☐ Change	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.