2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2003 8:00 am Secretary of State

DOCUMENT # P02000116651 1. Enlity Name YUMA INC.											(02-10-	-2003	3 9039	96 005 *	**1	50.00	
Principal Place of Business Mailing Address 1843 NW 22 ST 1843 NW 22 ST MIAMI FL 33142 MIAMI FL 33142																		
2. Principal F	Place of Busin		3. Mailing Address										IAFSI IKALI	UALO 88610 PI				
Suite, Apt. #, etc.				Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES									
City & State				City & Stat			FFI Number 56/35 Applied Fo							lied For Applicable]_			
Žip	Country			Zip .	Country			5. C	ertificate	of Statu	s Desire	ed		\$8.75 Fee Requ	Additi uired	onal	1	
· ·	nt				7. Na	ame and	Addres	a of Ne	w Reg	istered	Agent]				
RODRIGUEZ, JUDY													. نىسى	مردد س	-	-		- -
1843 NW			Stree			dress (P.O. Box Number is Not Acceptable)									7			
MIAMI FL																	┨	
				•		City								Zin C	Code			
														FL	<u> </u>			╛
	a named entit tions of regist	y submits this sta ered agent.	atement for the	ne purpose of	changing its i	registere	ed office o	r registere	ed ager	nt, or bot	h, in the	State of	f Florid	a. Iam	familiar wi	th, an	d accept	
SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE Registered Agent signature required when reinstating) DATE																		
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. Afte	r May 1, 200	3 Fee will be !	\$550.00		-		•	•	~ -	9. Ele Tru	ction Ca st Fund	ımpaign Contribi	i Finan ution	چcing آ	\$5 Add	.00.	May Be.	-
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NAME	RODRIGUEZ, MANUEL														LJ Clang	8 (18
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CITY-ST-ZIP	MIAMI FL	33142				━	-ST- Z/P										<u> </u>	CR2E034 (10/02)
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indicated	ertity that the on this report	unformation supplemental	pilea with thi report is tru	s filing does no le and accurat	or quality for the and that my	ne exen signati	rotion stature shall ha	ed in Sect ave the sa	tion 119 ime leg	9.07(3)(i) jal effect	, Florida as if ma	Statute de unde	s. I fur er oath	tner cert ; that I a	ity that the	information	mation tirector	
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 attachmore with an address, with all other like employment. SIGNATURE SIGNATURE OF THE STATUTE O																		
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SIGNAT	nue: F	SCHATURE MOT	VECT OF BUILT	ED MANE OF SEC	AND DEEDCES A	DIRECTO	· · · ·)	 /	- Octo				7=02/37A		1-1-6-	1