

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

FILED
May 03, 2004 8:00 am
Secretary of State

DOCUMENT # *P03000116278*

1. Entity Name

YIYO CARPENTRY INC.

05-03-2004 90429 017 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9370 S. W. 39 Terrace

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI (FL.

City & State

4. FEI Number

20-0312140

Applied For

Not Applicable

Zip

33165

Country

DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE CARMENATE

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

9370 S. W. 29 Terr.

City MIAMI

FL

Zip Code 33165

**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

JOSE CARMENATE REGISTER AGENT

04-22-2004

(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 President
NAME Jose Carmenate
STREET ADDRESS 9370 S. W. 29 Terr.
CITY-ST-ZIP MIAMI FL. 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary
NAME Jose Carmenate
STREET ADDRESS 9370 S. W. 29 Terr.
CITY-ST-ZIP Miami FL. 33165

TITLE
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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:

Jose Carmenate Jose Carmenate Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-04

305-710-9758

Date

Daytime Phone #

CR2E034B (12/01)