

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000012864

1. Entity Name

YAGA CORP.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90005 011 ***150.00

Principal Place of Business 444 BRICKELL AVE 618 MIAMI FL 33131 US	Mailing Address 444 BRICKELL AVE 618 MIAMI FL 33131-2406 US
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2. Principal Place of Business 25 SE 2nd Avenue,	3. Mailing Address 25 SE 2nd Avenue,
Suite, Apt. #, etc. #1227	Suite, Apt. #, etc. #1227
City & State Miami, FL	City & State Miami, FL
Zip 33131	Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0391565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIEGUES, MANOEL 1717 N BAYSHORE DR #3745 MIAMI FL 33132	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIEGUES, MANOEL 1717 N BAYSHORE DR #3745 MIAMI FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diegues, Manoel
<input type="checkbox"/> Delete		<input checked="" 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

SIGNATURE: MANOEL DIEGUES **REQUIRED** Date: 01/11/2000 Daytime Phone #: 305-3920274

CR2E034 (9/99)