

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90467 046 \*\*\*150.00

**DOCUMENT # P94000065616**

**1. Entity Name**  
**Yael Trading Company, Inc.**

**Principal Place of Business**  
 8092 NW 67 ST  
 MIAMI FL 33166

**Mailing Address**  
 8092 NW 67 ST  
 MIAMI FL 33166



**2. Principal Place of Business**  
 P.O. Box # 227336

**3. Mailing Address**  
 P.O. Box # 227336

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
 MIAMI, FLORIDA

**City & State**  
 MIAMI, FLORIDA

**4. FEI Number** 65-0541877

**Applied For**  
☐ Not Applicable

**Zip**  
 33122-7336

**Country**  
 USA

**Zip**  
 33122-7336

**Country**  
 USA

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TESONE, ALBERTO**  
 8092 NW 67 ST  
 MIAMI FL 33166

**Name** ALBERTO TESONE

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

2225 NW 97 AVENUE

**City** MIAMI

**FL**

**Zip Code** 33172

**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**   
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE** 4/27/02

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☐ Delete  
**NAME** TESONE, ALBERTO  
**STREET ADDRESS** 8092 NW 67 ST  
**CITY-ST-ZIP** MIAMI FL 33166

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** P.O. Box # 227336  
**CITY-ST-ZIP** MIAMI, FLORIDA 33122-7336

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**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:** **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date** 1/18/02 **Daytime Phone #** 305-599-7178

CR2E034 (9/01)