

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037912

1. Entity Name

YANCE & SAENZ DELICIOUS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90241 020 ***150.00

Principal Place of Business

Mailing Address

7390 SW 99 STREET
MIAMI FL 33156

7390 SW 99 STREET
MIAMI FL 33156

2. Principal Place of Business

14165 S.W. 125 CT
Suite, Apt. #, etc.

3. Mailing Address

14165 S.W. 125 CT
Suite, Apt. #, etc.

City & State
Miami Florida
Zip
33186
Country

City & State
Miami Florida
Zip
33186
Country



00025481

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0662168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YANCE, NAZARIO A
7390 SW 99 STREET
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 fee is 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) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	YANCE, NAZARIO A	7390 SW 99 STREET	MIAMI FL 33156	<input type="checkbox"/>
VP	YANCE, LUCY S	7390 SW 99 STREET	MIAMI FL 33156	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

305-971-5240

Daytime Phone #

CR2E034 (9/99)