

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]*
 Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

2/21/00
 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	PD	<input type="checkbox"/> Delete
NAME	YANCE, NAZARIO A	
STREET ADDRESS	7390 SW 99 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YANCE, LUCY S	
STREET ADDRESS	7390 SW 99 STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00
 Date

305-971-5240
 Daytime Phone #

CR2E034 (9/99)