

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000069550**

1. Entity Name  
**Yglesias Services Inc.**

Principal Place of Business  
**1066 SW. 122nd. Pl.**

Mailing Address  
**(same)**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**MIAMI FL.**

City & State  
**MIAMI FL.**

Zip  
**33184**

Country  
**DADE**

Zip  
**33184**

Country  
**DADE**

**FILED**  
**00 JUN -2 PM 2:26**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0688343**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**Eduardo Yglesias**  
**1066 SW. 122nd. Place.**  
**MIAMI FL. 33184**

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 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)

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President</b>	<input type="checkbox"/> Delete	TITLE <b>000003312360--2</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Eduardo Yglesias</b>		NAME <b>000003312360--2</b>	
STREET ADDRESS <b>1066 SW. 122nd. Place.</b>		STREET ADDRESS <b>000003312360--2</b>	
CITY-ST-ZIP <b>MIAMI FL. 33182</b>		CITY-ST-ZIP <b>000003312360--2</b>	
TITLE <b>V.P.</b>	<input type="checkbox"/> Delete	TITLE <b>***150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARIANEJA Martinez</b>		NAME <b>***150.00</b>	
STREET ADDRESS <b>1066 SW. 122nd. Place.</b>		STREET ADDRESS <b>***150.00</b>	
CITY-ST-ZIP <b>MIAMI FL. 33182</b>		CITY-ST-ZIP <b>***150.00</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

CR2E034 (9/99)