

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005446

1. Entity Name

Y.B.T. COMPUTER, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90076 043 ***150.00

Principal Place of Business

5035 PALM AVE
HIALEAH FL 33012

Mailing Address

5035 PALM AVE
APT. 2-D
HIALEAH FL 33012-3727

2. Principal Place of Business

11620 N.W. 43 TER.

3. Mailing Address

11620 N.W. 43 TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL.

City & State

MIAMI FL.

4. FEI Number

65-0720301

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

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

HENRIQUEZ, YOBET A
4340 N.W. 79TH AVE.
APT. 2-D
MIAMI FL 33166

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 PSD
NAME HENRIQUEZ, YOBET A
STREET ADDRESS 4340 N.W. 79TH AVE.
CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

TITLE PSD
NAME HENRIQUEZ, YOBET A
STREET ADDRESS 11620 N.W. 43 TER.
CITY-ST-ZIP MIAMI, FL 33178 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yobet A. Henriquez

Date

4/7/00

Daytime Phone #

500-9968 (305)

CR2E034 (9/99)