

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000032621**

1. Entity Name
YANES & SON CORP.



Principal Place of Business
**13375 SW 42ND STREET
MIAMI FL 33175**

Mailing Address
**13375 SW 42ND STREET
MIAMI FL 33175**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0745855

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**YANES, LUIS E
13375 SW 42ND STREET
MIAMI FL 33175**

Name

SONIA M. YANES

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

13375 SW 42ND ST

City

Miami

FL 33185

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

**PTSD
YANES, LUIS E
13375 SW 42ND STREET
MIAMI FL 33175**

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**SONIA M. YANES
13375 SW 42ND ST
MIAMI - FL 33185**

Change Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: SONIA M. YANES

RE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03

305-227-2444

Date

Daytime Phone #

CR2E034 (10/02)

CR2E034