

# UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # **P97000059284**  
 1. Entity Name  
**Yubirayt Corporation**

FILED  
 00 SEP -7 AM 10:38  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
**7225 NW 25th St # 306 7225 NW 25th # 306**  
**MIAMI, FL 33122 MIAMI, FL 33122**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**98-00UBR**

6. Name and Address of Current Registered Agent  
**JUAN C GUTIERREZ**  
**7225 NW 25th St # 306**  
**MIAMI, FL 33122**

4. FEI Number  
**65-0791305**

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

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]* DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>JUAN C GUTIERREZ</b>	
STREET ADDRESS	<b>7225 NW 25th St # 306</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33122</b>	
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		
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		

300003389403-8  
 03/12/00-01026-002  
 \*\*\*\*450.00 \*\*\*\*450.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE

2 of 2

Division of Corporations  
P.O. BOX 6327  
Tallahassee, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$450.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **YULIRAYT, CORPORATION** Thank you for your courtesy in this matter.



---

**JUAN C GUTIERREZ**  
President