

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90187 004 \*\*\*150.00

0216404 AV

**DOCUMENT # P97000072491**  
1. Entity Name  
**YCAVEL, CORP.**

Principal Place of Business  
**C/O VERDEJA & GRAVIER**  
~~150 ALHAMBRA CIRCLE #800~~  
**CORAL GABLES FL 33146**  
**US**

Mailing Address  
**C/O VERDEJA & GRAVIER**  
~~150 ALHAMBRA CIRCLE #800~~  
**CORAL GABLES FL 33146**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**201 ALHAMBRA Circle**  
Suite, Apt. #, etc.  
**901**

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

City & State  
**CORAL GABLES, FL**

City & State

Zip  
**33134** Country  
**Dade**

Zip Country

4. FEI Number  
**65-0792765** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**VERDEJA, OCTAVIO**  
~~150 ALHAMBRA CIRCLE~~  
~~SUITE 800~~  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
Name  
**OCTAVIO F. VERDEJA**  
Street Address (P.O. Box Number is Not Acceptable)  
**201 ALHAMBRA Cir STE. 901**  
City  
**CORAL GABLES** FL Zip Code  
**33134**

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 \_\_\_\_\_ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DPAS</b> <b>YCAZA HIDALGO, MIGUEL</b> <b>600 NE 36 ST UNIT 1610</b> <b>MIAMI FL 33137</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS</b> <b>VELASQUEZ DE YCAZA, DIANA V</b> <b>600 NE 36 ST UNIT 1610</b> <b>MIAMI FL 33137</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>YCAZA VELASQUEZ, MIGUEL MARTIN</b> <b>600 NE 36 ST UNIT 1610</b> <b>MIAMI FL 33137</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE: *Diana Velasquez de Ycaza* 3/25/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)