FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT

P98000025069 Corporation Name

Y Y TRANSPORT, INC.

FILED May 31, 2000 8:00 am Secretary of State

05-31-2000 90074 049 ***150.00

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rincipal Plac	e of Business	Mailing Addre	ss			_			
840 W	ድርጥ 19 ጥც ርጥ ርጥድ	-		49	ጥዝ ሮጥ	STE 222-3			
.840 WEST 49TH ST., STE. 222-3 1840 W HIALEAH						1			
33012 33012						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 3/18/1998			
. Principal F	Place of Business	2a. Mailing Ad	Idress			4. FEI Number 65-0821	904	— <u></u> +	plied For ot Applicable
Suite, Apt.	# etc	Suite, Apt.	# etc				704		Additional
			, .			5. Certifcate of Status Desired		* • - ·	equired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
28						Trust Fund Contribution	<u> </u>	Added	to Fees
Zip Country Zip				ountry	Ī	8. This corporation owes the current year Intangible			
'	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agen	ıt	81	Name	10. Name and Address of New Regis	tered A	gent	
OEL Y	and the second s	000		L					
840 W. 49TH ST., STE. 222-3					82 Street Address (P.O. Box Number is Not Acceptable)				
LALEA	H, FL. 33012			83					
		•			<u> </u>				
				84	City			85 Zip (Code
office or i	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f.Florida. Such cha	ange was authoriz	ed by	the corporation	oration submits this statement for the purp on's board of directors. I hereby accept the	ose of c appoint	hanging its ment as re	registered gistered
IGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Register	ed Ager	nt signature require	d when reinstating) D.	ATE		
2.	OFFICERS AND		1:			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 12
LE	PD		DELETE 1.1	TITLE				Change	☐ Addition
ME	YCASA, YOEL		, 1.2	NAME					
REET ADDRESS	1840 W. 49TH ST.	, STE. 2	22-3 13	STREET	TADDRESS				
TY-ST-ZIP	HIALEAH, FL 3301	2	1.4	CITY-S	T-ZIP				
LE	V :		DELETE 2.1	TITLE				☐ Change	Addition
ME	RUMBAUT, ANA IBI	S	2.2	NAME	- (
REET ADDRESS	1840 W. 49TH ST.		2-3 23	STREET	TADDRESS	•			
Y-ST-ZIP	HIALEAH, FL. 330	12	2.4	CITY-S	IT-ZIP				
LE	111111111111111111111111111111111111111		DELETE 3.1	TITLE				☐ Change	Addition
ME			3.2	NAME					
REET ADORESS			3.3	STREET	ADDRESS				
Y-ST-ZIP				CITY-S	T-ZIP				
LE				TITLE	[☐ Change	Addition
ME .				NAME					
KEET ADDRESS			. 4.3	STREET	ADDRESS				
Y-ST-ZIP				CITY-S	T-ZIP				
LE				TITLE NAME				Change	Addition
ME					ADORESS				
REET ADDRESS				CITY-SI					
Y-S <u>T-ZIP</u>			₩ 54						
LE								Change	Addition
ue:			DELETE 6.1	TITLE				Change	☐ Addition
ME REET ANNOESS			DELETE 6.1	TITLE NAME	ADDRESS			☐ Change	Addition

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 💢

ITY-ST-ZIP