

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
 02-15-2001 90076 049 ***150.00

0488263

DOCUMENT # P98000068994

1. Entity Name
YEAR ROUND MANAGEMENT COMPANY

Principal Place of Business
**8431 DUNDEE TERR.
 MIAMI LAKES FL 33016**

Mailing Address
**PO BOX 22703
 HIALEAH FL 33002**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
P.O. Box 22763

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0857043**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARVAJAL, MIRTA
 8431 DUNDEE TERR.
 MIAMI LAKES FL 33016**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	CARVAJAL, MIRTA	
STREET ADDRESS	8431 DUNDEE TERR.	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARVAJAL, HELDY	
STREET ADDRESS	16531 E LAKE DR COUNTRY CLUB	
CITY-ST-ZIP	MIAMI FL 33018	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/01 305-557-9008
 Date Daytime Phone #

CP2E034 (10/00)