

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000068994**

1. Entity Name
YEAR ROUND MANAGEMENT COMPANY

Principal Place of Business

**8431 DUNDEE TERR.
MIAMI LAKES FL 33016**

Mailing Address

**P O BOX 22763
HIALEAH FL 33002**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
ARTURO CARVAJAL

Street Address (P.O. Box Number is Not Acceptable)
8431 Dundee Terrace

City
Miami Lakes

FL

33016

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARVAJAL, MIRTA
8431 DUNDEE TERR.
MIAMI LAKES FL 33016** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Arturo Carvajal
8431 Dundee Terrace
Miami-Lakes, FL 33016** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CARVAJAL, HELDY
16531 E LAKE DR COUNTRY CLUB
MIAMI FL 33018** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Mirta Carvajal
8431 Dundee Terrace
Miami Lakes, FL 33016** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**500005753195--1
-06/11/02--01048--011
*****61.25 *****61.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-10-02

03/13/02

305 557 9208

FILED

"AMENDMENT" AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0857043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR25034 10/01