

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082489

1. Entity Name

831 YAMATO, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90036 005 ***150.00

Principal Place of Business

Mailing Address

101 N.E. 10TH TERRACE
BOCA RATON FL 33431

PO BOX 812441
BOCA RATON FL 33481-2441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0872033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VECCIA, MARY
431 N.E. 10TH TERRACE
BOCA RATON FL 33431

Name

FAIRMAN, WILLIAM

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

4281 NW 1ST AVENUE

City

BOCA RATON

FL

Zip Code
33431

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

W. Fairman

W. Fairman

2/16/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	VECCIA, MARY	431 N.E. 10TH TERRACE BOCA RATON FL 33431	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	O	PASSMORE, JAIMIE	7053 NW 3 AVE BOCA RATON FL 33487	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	O	CRYAN, PAULA	1693 SABEL PALM DR BOCA RATON FL 33432	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (9/99)