

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90122 011 ***150.00

DOCUMENT # P98000092100

1. Entity Name

YAB I, INC.

Principal Place of Business

Mailing Address

~~200 SOUTH BISCAYNE BOULEVARD~~
~~SUITE 4015~~
~~MIAMI FL 33131~~

~~200 SOUTH BISCAYNE BOULEVARD~~
~~SUITE 4015~~
~~MIAMI FL 33131 2303~~

102540

2. Principal Place of Business

3. Mailing Address

16501 N.W. 83ct
 Suite, Apt. #, etc.

16501 N.W. 83ct
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0874438

Applied For

Not Applicable

Zip

Country

33016

U.S.A.

Zip

Country

33016

USA

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

SALUSSOLIA, PIERO

~~200 S BISCAYNE BLVD~~

~~SUITE 4015~~

MIAMI FL 33131

Name

Alessandro Capra

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

16501 N.W. 83ct

City

MIAMI

FL

Zip Code

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01.07.00

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	DPTS	<input checked="" type="checkbox"/> Delete
NAME	FUENTES, CARMEN	
STREET ADDRESS	200 S BISCAYNE BLVD STE 4015	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALESSANDRO CAPRA	
STREET ADDRESS	16501 N.W. 83ct	
CITY-ST-ZIP	MIAMI, FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

01.07.00

Date

305-8221146

Daytime Phone #

CR2E034 (9/99)