

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092102

1. Entity Name

YAB II, INC.

FILED

Jan 21, 2000 8:00 am  
Secretary of State

01-21-2000 90122 012 \*\*\*150.00

Principal Place of Business

Mailing Address

200 SOUTH BISCAYNE BOULEVARD  
SUITE 4815  
MIAMI FL 33131

200 SOUTH BISCAYNE BOULEVARD  
SUITE 4815  
MIAMI FL 33131-2303

702339



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

185 S.E. 14th Terrace  
Suite, Apt. #, etc. 2809

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

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number 65-0874439

Applied For  
Not Applicable

Zip 33131 Country USA

Zip 33016 Country 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

SALUSSOLA, PIERO  
200 S BISCAYNE BLVD  
SUITE 4815  
MIAMI FL 33131

Name ALESSANDRO CAPRA

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

16501 N.W. 83 ct

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 *Piero Salussola*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01.07.00

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, 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  
NAME FUENTES, CARMEN  
STREET ADDRESS 200 S BISCAYNE BLVD STE 4815  
CITY-ST-ZIP MIAMI FL 33131 ☒ Delete

TITLE DPTS  
NAME ALESSANDRO CAPRA  
STREET ADDRESS 16501 N.W. 83 ct  
CITY-ST-ZIP MIAMI, FL 33016 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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: *Piero Salussola*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.07.00

Date

305-8221146

Daytime Phone #

CR2E034 (9/99)