

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092104

1. Entity Name

YAB III, INC.

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

01-21-2000 90122 013 ***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 33131-2003~~

2. Principal Place of Business

185 S.E. 14th terrace
Suite, Apt. #, etc. 2909

3. Mailing Address

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

City & State MIAMI, FL

City & State MIAMI, FL

4. FEI Number 65-0874440

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 SOUTH BISCAYNE BOULEVARD
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

[Signature]

01.07.00

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, 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

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

TITLE
NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.07.00 305-8221146

Date

Daytime Phone #

CR2E034 (9/99)