

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90045 020 ***150.00

DOCUMENT # P98000092104

1. Entity Name
YAB III, INC.

Principal Place of Business

**185 S.E. 14TH TERRACE
 #2909
 MIAMI FL 33131**

Mailing Address

**16501 N.W. 83 COURT
 MIAMI FL 33016**

2. Principal Place of Business

3. Mailing Address

185 S.E. 14TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2909

City & State

City & State

MIAMI, FL

4. FEI Number

65-0874440

Applied For

Not Applicable

Zip

Country

Zip

33131

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPRA, ALESSANDRO
 16501 N.W. 83 COURT
 MIAMI FL 33016**

Name **CAPRA, ALESSANDRO**

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

185 S.E. 14TH TERRACE # 2909

City

MIAMI

FL

Zip Code

33131

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

Alessandro Capra **ALESSANDRO CAPRA**

03.14.2002

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 **DPTS** ☒ Delete
 NAME **CAPRA, ALESSANDRO**
 STREET ADDRESS **76507 N.W. 83 COURT**
 CITY-ST-ZIP **MIAMI FL 33016**

TITLE **DPTS** ☒ Change ☐ Addition
 NAME **CAPRA, ALESSANDRO**
 STREET ADDRESS **185 S.E. 14TH TERRACE # 2909**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Alessandro Capra **ALESSANDRO CAPRA**

03.14.2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)