

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 16, 2000 8:00 am
Secretary of State

05-10-2000 90093 040 ***150.00
05-10-2000 90183 014 ***150.00

DOCUMENT # P98000099254

1. Entity Name

YABEAN INTERNATIONAL, INC.

R

Principal Place of Business

Mailing Address

C/O ALBORNOZ, SEGREDO & WEISZ
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33134

C/O ALBORNOZ, SEGREDO & WEISZ
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33134-3073

2. Principal Place of Business

7600 DR. PHILLIPS BLVD.

3. Mailing Address

7600 DR. PHILLIPS BLVD.

Suite, Apt. #, etc.

78

Suite, Apt. #, etc.

78

City & State

ORLANDO - FL

City & State

ORLANDO - FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

65-0879018

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQUIRE
C/O ALBORNOZ, SEGREDO & WEISZ
901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

THELMA J. TOMB

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

7600 DR. PHILLIPS BLVD. # 78

ORLANDO

City

FL

Zip Code

32819

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TOMB, JEAN
C/O 901 PONCE DE LEON BLVD., SUITE 601
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
THELMA J. TOMB
7691 SJGAL BLVD DL.
ORLANDO - FL - 32819 ☐ Change ☒ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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: X Thelma J. Tomb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TOMB JEAN
Date 4/27/00
Daytime Phone # 407-3529979