

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99060017811**
 1. Entity Name **YALAIZA Co.** ✓

FILED
May 17, 2000 8:00 am
Secretary of State

04-06-2000 90062 001 ***150.00
 04-06-2000 90062 002 *****8.75

Principal Place of Business Mailing Address
10909 BISCAYNE BOULEVARD
MIAMI FL 33161-7459

2. Principal Place of Business 3. Mailing Address
10909 BISCAYNE Blvd 10909 BISCAYNE Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

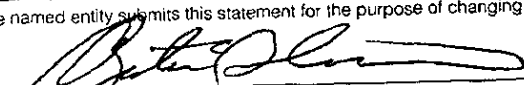
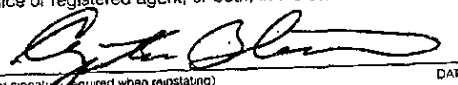
City & State City & State
MIAMI FL MIAMI Florida
 Zip Country Zip Country
33161-7459 USA-DADE 33161-7459 USA-DADE

6. Name and Address of Current Registered Agent
AGUSTIN BLANCO
10909 BISCAYNE BLVD
MIAMI, FL 33161

4. FEI Number **050897987**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **AGUSTIN BLANCO**
 Street Address (P.O. Box Number is Not Acceptable)
10909 BISCAYNE BOULEVARD
 City **MIAMI** FL Zip **33161**

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   DATE **MARCH 30 '00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature Required when reinstating)

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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	YALAIZA BLANCO		STREET ADDRESS		
CITY-ST-ZIP	10909 BISCAYNE BLVD		CITY-ST-ZIP		
	MIAMI FL 33161				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	"President"		STREET ADDRESS		
CITY-ST-ZIP	"Secretary"		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  **President** Date **03/30/2000** Daytime Phone # **305 891 9187**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR