

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90142 045 \*\*\*150.00

**DOCUMENT # P99000021651**

**1. Entity Name**  
**YUPI ACQUISITIONS CORP.**

**Principal Place of Business**

**1688 MERIDIAN AVE  
 10TH FLOOR  
 MIAMI BEACH FL 33139**

**Mailing Address**

**1688 MERIDIAN AVE  
 10TH FLOOR  
 MIAMI BEACH FL 33139**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**65-0991684**

Applied For

Not Applicable

**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**

**PRIOR, MARIA E  
 1688 MERIDIAN AVE  
 10TH FLOOR  
 MIAMI BEACH FL 33139**

Name

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

City

**FL**

Zip Code

**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, 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 PD** ☒ Delete  
**NAME COEN, OSCAR**  
**STREET ADDRESS 1688 MERIDIAN AVENUE, 10TH FLOOR**  
**CITY-ST-ZIP MIAMI BEACH FL 33139**

**TITLE SD** ☒ Delete  
**NAME SAN MIGUEL, LUIS**  
**STREET ADDRESS 1688 MERIDIAN AVENUE, 10TH FLOOR**  
**CITY-ST-ZIP MIAMI BEACH FL 33139**

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

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

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

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

**TITLE D** ☐ Change ☒ Addition  
**NAME Rafael Fernandez MacGregor**  
**STREET ADDRESS 1688 Meridian Ave. 10th Floor**  
**CITY-ST-ZIP Miami Beach, FL 33139**

**TITLE P** ☐ Change ☒ Addition  
**NAME Rafael Fernandez MacGregor**  
**STREET ADDRESS 1688 Meridian Ave. 10th Floor**  
**CITY-ST-ZIP Miami Beach, FL 33139**

**TITLE D** ☐ Change ☒ Addition  
**NAME Luis Stein Velasco**  
**STREET ADDRESS 1688 Meridian Ave. 10th Floor**  
**CITY-ST-ZIP Miami Beach, FL 33139**

**TITLE S** ☐ Change ☒ Addition  
**NAME Luis Stein Velasco**  
**STREET ADDRESS 1688 Meridian Ave. 10th Floor**  
**CITY-ST-ZIP Miami Beach, FL 33139**

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

**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, without being so empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

**Luis Stein Velasco**

**(305) 604-0366**

Date

Daytime Phone #

CR2E034 (9/01)