

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000036268**

1. Entity Name
YANNSEN CORP.

FILED
01 SEP -6 AM 11:05
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Principal Place of Business
10511 SW. 88ST. OFF. C-102
miami FL. 33176

Mailing Address
SAME

2. Principal Place of Business 10511 SW. 88ST.		3. Mailing Address SAME.	
Suite, Apt. #, etc. OFF. C-102		Suite, Apt. #, etc.	
City & State miami FL.		City & State	
Zip 33176	Country USA.	Zip	Country

DO NOT WRITE IN THIS SPACE

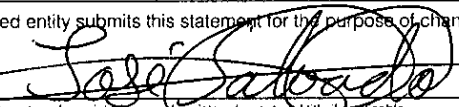
4. FEI Number 65-0913055	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOSE SALVADO.
8241 SW. 107 AV. Apt. D.
miami FL. 33173.

7. Name and Address of New Registered Agent

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: 

1. 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 17 2001 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

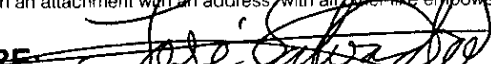
11. OFFICERS AND DIRECTORS

TITLE PD	NAME CLAUDIA L. RODRIGUEZ ☐ Delete
STREET ADDRESS 7550 STIRLING RD. # 402-B.	
CITY-ST-ZIP DAVIE, FL. 33314.	
TITLE VD	NAME JOSE SALVADO. ☐ Delete
STREET ADDRESS 8241 SW. 107 AV. Apt. D.	
CITY-ST-ZIP miami FL. 33173.	
TITLE	NAME ☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME ☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME ☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME ☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: 

Date: **9-05-01** Daytime Phone #: **786-2475137**