

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000037392**
 1. Entity Name **YONOR Services Inc.** ✓

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90434 042 ***150.00

UUU5948U

Principal Place of Business **17301 S.W. 296 Street**
Homestead FL 33030

Mailing Address **17301 SW 296st**
Homestead FL
33030

2. Principal Place of Business **17301 S.W. 296st**
 Suite, Apt. #, etc.

3. Mailing Address **17301 S.W 296 st**
 Suite, Apt. #, etc.

City & State **Homestead FL** City & State **Homestead FL**

Zip **33030** Country **DADE** Zip **33030** Country **DADE**

4. FEI Number **65-0869214** 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
Yolande Bibby
17301 S.W. 296 Street
Homestead FL 33030

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 _____ (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	Yolande Bibby <input type="checkbox"/> Delete President 17301 S.W. 296 St Homestead FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yolande Bibby P/T/S <input type="checkbox"/> Delete 17301 S.W. 296 St Homestead FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Norberto Fernandez <input type="checkbox"/> Delete Vice President 17301 S.W. 296 St Hom. FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Yolande Bibby** **YOLANDE BIBBY** President **5/20/00** **305 282-4449**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)