

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056162

LEGAL ADVISORS J.Y.P, INC.

**FILED**  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90015 017 \*\*\*150.00

Principal Place of Business <b>15131 SW 43 TER. MIAMI FL 33185</b>	Mailing Address <b>15131 SW 43 TER. MIAMI FL 33185-4379</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>I APPLIED FOR IT</b>		<input checked="" type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>N.A.F.A. NATIONAL ASSOCIATION FOR FOREIGN ATTORNEYS, INC.</b> <b>11890 S.W. 8TH STREET, PH-4</b> <b>MIAMI FL 33184</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 N/A DATE 4-23-00

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PAEZ, YAJAIRA</b> <b>15131 SW 43 TER.</b> <b>MIAMI FL 33185</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PAEZ, JAIRO</b> <b>15131 SW 43 TER.</b> <b>MIAMI FL 33185</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(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: Yajaira Paez **REQUIRED** 04/23/2000 (305) 562-3618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

32 1-96

P99 000050148  
D000853403Form **SS-4**(Rev. December 1998)  
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

Keep a copy for your records.

OMB No. 1545-0043

1 Name of applicant (Legal name) (See instructions.) <b>LEGAL ADVISORS J.Y.P. INC</b>		3 Executor, trustee, "care of" name <b>YAJAIRA PAEZ</b>	
2 Trade name of business (if different from name on line 1) <b>Same as #1</b>		5a Business address (if different from address on lines 4a and 4b) <b>Same as #9a</b>	
4a Mailing address (street address) (room, apt., or suite no.) <b>15131 SW 43 TER</b>		5b City, state, and ZIP code <b>MIAMI, FL 33185</b>	
4b City, state, and ZIP code <b>MIAMI, FL 33185</b>		6 County and state where principal business is located <b>Dade County, FL</b>	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) <b>YAJAIRA PAEZ (PRESIDENT) Tax ID# 947-79-3384</b>			
8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> Other (specify) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Other corporation (specify) <input type="checkbox"/> Trust <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Church or church-controlled organization			
8b If a corporation, name the state or foreign country (If applicable) where incorporated <b>FLORIDA</b>		Foreign country	
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) <input type="checkbox"/> Banking purpose (specify) <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) <input type="checkbox"/> Changed type of organization (specify) <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) <input type="checkbox"/> Other (specify)			
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>04/24/2000</b>		11 Closing month of accounting year (See instructions.) <b>DEC 31 2000</b>	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) <b>MAY 15 2000</b>			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.) <b>2</b>		Nonsgricultural <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Household <input type="checkbox"/>	
14 Principal activity (See instructions.) <b>LEGAL ADVISE</b>			
15 Is the principal business activity manufacturing? If "Yes," principal products and raw material used		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name Trade name			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Business telephone number (include area code) <b>(305) 562-3618</b>	
Name and title (Please type or print clearly.) <b>Yajaira Paez PRESIDENT</b>		Tax telephone number (include area code) <b>(305) 552-6001</b>	
Signature <b>Yajaira Paez</b>		Date <b>04/18/2000</b>	
Note: Do not write below this line. For official use only.			
Please leave blank	Geo.	Ind.	Class
			Size
			Reason for applying

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 16055H

Form SS-4 (Rev. 12-98)

FAXED