

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056595

1. Entity Name

Y.B. DISTRIBUTORS, INC.

R

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90016 005 ***150.00

Principal Place of Business

7350 NW 12 STREET
MIAMI FL 33126

Mailing Address

7350 NW 12 STREET
MIAMI FL 33126

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

65-0937812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAVO, ADA F
3600 S. STATE ROAD 7
SUITE 229
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name

SHARON SMITH

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

7350 N.W. 12 Street

City

MIAMI

FL

Zip Code

33126

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 **Sharon Smith - Director**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Sharon Smith

9.8.00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME **PSTD**
STREET ADDRESS **BEGANSKI, YVETTE**
CITY-ST-ZIP **7350 NW 12 STREET**
MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.8.00

Date

Daytime Phone #

CR2E034 (3/00)

Attachment
#P99000056525

AC0078497

Y. B. Distributing, Inc.
7350 NW 12th Street
Miami, FL 33126

September 5, 2000

Department of State
Division of Corporation
P.O. Box 1627
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed, find check in the amount of \$150.00 for the 2000 UCC filing. We respectfully ask that you do not charge us a penalty for filing at this time. This is Y.B. Distributing, Inc. first year in business and we were not aware of when we had to file. We never received the documents necessary to file.

We appreciate your consideration and attention to our request.

Sincerely,


Ada F. Bravo, Director