

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90016 033 ***150.00

DOCUMENT # P99000057973

1. Entity Name
YELIMAR, INC.

Principal Place of Business
 1275 BENNETT DR
 STE 110
 LONGWOOD FL 32750

Mailing Address
 P O BOX 520542
 LONGWOOD FL 32752



2. Principal Place of Business

1275-BENNETT DR

Suite, Apt. #, etc.

SUITE 110

City & State

LONGWOOD FLORIDA

Zip

32750

Country

USA

3. Mailing Address

P.O. BOX

Suite, Apt. #, etc.

520542

City & State

LONGWOOD FLORIDA

Zip

32752

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3586031

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARCANO, GERARDO J
~~1275~~ BENNETT DRIVE
 LONGWOOD FL 32750

1275-BENNETT DR
 SUITE 110
 LONGWOOD FL 32750

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

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

TITLE D ☒ Delete
NAME MARCANO, GERARDO J
STREET ADDRESS 1352-A BENNETT DRIVE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE MARCANO, GERARDO J ☐ Delete
NAME MARCANO, GERARDO J
STREET ADDRESS 1275-BENNETT DRIVE STE 110
CITY-ST-ZIP LONGWOOD FL 32750

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

407-8306301