

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90104 034 \*\*\*150.00

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**DOCUMENT # P99000066742**

1. Entity Name  
**JOYA INVESTMENT, CORP.**



Principal Place of Business  
**9285 S.W. 125 AVE. #206  
MIAMI FL 33186**

Mailing Address  
**9285 S.W. 125 AVE. #206  
MIAMI FL 33186**

**11010416**



2. Principal Place of Business  
**2400 NW 93 Ave**

3. Mailing Address  
**2400 NW 93 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number  
**65-0936822**

Applied For  
☐ Not Applicable

Zip  
**33172** Country  
**USA**

Zip  
**33172** Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**YACAMAN, JOSE A  
9285 S.W. 125 AVE. #206  
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name  
**Jose A. Yacamán**  
Street Address (P.O. Box Number is Not Acceptable)  
**2400 NW 93 Ave**  
City  
**Miami** FL Zip Code  
**33172**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4/10/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
YACAMAN, JOSE A  
9285 S.W. 125 AVE. #206  
MIAMI FL 33186** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2400 NW 93 Ave  
Miami, FL 33172** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
YACAMAN, CARLOS A  
9285 S.W. 125 AVE. #206  
MIAMI FL 33186** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2400 NW 93 Ave  
Miami, FL 33172** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**4/10/03**

DAYTIME PHONE #  
**(305) 406-1312**

CR2E034 (10/02)