2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # \$9900009084 May 31, 2000 8:00 am **Secretary of State** YERD AND SON INC. 05-31-2000 90075 015 ***150.00 Principal Place of Business 3750 NW 28 th ST BAY 410 MIAMI FLORIDA DATATIVO 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0945638 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELSIE SANCHEZ, Spielgel & UTRIRA P.A. nber is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES, FL 33134 MIAMI 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 FILE NOWIII FEE IS \$150.00 9.-This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SECRETARY Delete PRESIDENT Change ☐ Addition TITLE TITLE MARID E. YERO 9414 5W 164 CT NAME NAME 16400 SW 95 HA ST STREET ADDRESS STREET ADDRESS MIAMI, FL 33196 TREASUAER MIAMI, FL 33196 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT ☐ Change Delete TITLE ☐ Addition MARIO E. YERO ct DANNY YERO # 5T NAME STREET ADDRESS STREET ADDRESS MIAMI, FL 33196 CITY-ST-ZIP MIAMI, FC 33196 CITY-ST-ZIP SECRETARY ☐ Delete -TITLE 705A M. YERO, 9414 SW 164 CT NAME STREET ADDRESS STREET ADDRESS MIAMI FC 33196 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TREASURER ☐ Change Addition TITLE EVODAL YEAD ST NAME NAME STREET ADDRESS STREET ADDRESS MIAMI FL 33196 CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS 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 3*05-635-*2628 SIGNATURE: