

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90021 032 ***550.00

DOCUMENT # P99000083295

1. Entity Name
YES MARKETING INC.



Principal Place of Business

Mailing Address

~~2101 N.W. 79TH AVENUE~~
~~MIAMI FL 33122~~

~~2101 N.W. 79TH AVENUE~~
~~MIAMI FL 33122~~

2. Principal Place of Business

3. Mailing Address

275 SW 13th ST

275 SW 13th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65.0952783

Applied For
 Not Applicable

Zip
33130

Country

Zip
33130

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLARINDO, MONICA E

Name

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

275 SW 13th ST

City

MIAMI

FL

Zip Code

33130

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
D
 NAME **VILLARINDO, MONICA E**
 STREET ADDRESS ~~2101 N.W. 79TH AVENUE~~
 CITY-ST-ZIP ~~MIAMI FL 33122~~

TITLE Change Addition
 NAME
 STREET ADDRESS **275 SW 13th ST**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE Delete
 NAME **D**
 STREET ADDRESS **SILVEIRA, RICARDO J**
 CITY-ST-ZIP ~~2101 N.W. 79TH AVENUE~~
~~MIAMI FL 33122~~

TITLE Change Addition
 NAME
 STREET ADDRESS **275 SW 13th ST**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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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:

X [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/00 (30r) 852-9066
 Date Daytime Phone #