

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90051 048 ***150.00

DOCUMENT # P99000100883

1. Entity Name
YO LATINO, INC.

Principal Place of Business

1950 LEE ROAD
 #201
 WINTER PARK FL 32789
 US

Mailing Address

P.O. BOX 607430
 ORLANDO FL 32860-7130
 US

C0948553



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

824 PAUL STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

4. FEI Number **59-3613118**

Applied For
 Not Applicable

Zip

32808

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

SARMIENTO, RICK
5000 BRIAR OAKS CIRCLE
ORLANDO FL 32808

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. **RICK SARMIENTO**
PRESIDENT

(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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTSD	SARMIENTO, IVAN R	5000 BRIAR OAKS CIRCLE	ORLANDO FL 32808	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

(Change Middle Name + TITLE)

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P/D/C	IVAN RICK SARMIENTO	5000 BRIAR OAKS CIRCLE	ORLANDO, FL 32808	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
V/D	RAY SARMIENTO	569 NORTHBRIDGE DRIVE	ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	CARLOS SARMIENTO	32901 WOLFS TRAIL	SORRENTO, FL 32776	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

RICK SARMIENTO, PRES. 4/12/01 (407) 522-0087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (10/00)