

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000102545

1. Entity Name

Y &amp; P EQUIPMENT CORP.

**FILED**  
**Jun 22, 2001 8:00 am**  
**Secretary of State**

06-22-2001 90004 026 \*\*\*550.00

Principal Place of Business

Mailing Address

9805 NW 80 AVE.  
BAY #13-W  
HIALEAH FL 33016760 E. 8TH LANE  
HIALEAH FL 33010

2. Principal Place of Business

3. Mailing Address

9808 NW 80 Ave.

Suite, Apt. #, etc.

BAY - 10W

Suite, Apt. #, etc.

City & State  
HIALEAH, FL 33016

City &amp; State

Zip  
33016

Country

DADE

Zip

Country

4. FEI Number 65-0963006

Applied For

Not Applicable

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

BLANCO, CARLOS  
1705 SW 83RD COURT  
MIAMI FL 33155

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME PERERA, PASCUAL NELSON  
STREET ADDRESS 760 E. 8TH LANE  
CITY-ST-ZIP HIALEAH FL 33010TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VPD ☒ Delete  
NAME BARREIRO, LAZARO M  
STREET ADDRESS 8851 NW 119TH STREET APT. 4207  
CITY-ST-ZIP HIALEAH GARDENS FL 33018TITLE ☐ Change ☒ Addition  
NAME VPD  
STREET ADDRESS PERERA, BRIZAYS  
CITY-ST-ZIP 760 E 8th LANE  
HIALEAH, FL 33010TITLE ☐ Delete  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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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 (10/00)