

200 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90011 016 ***150.00

DOCUMENT # P99000104161

1. Entity Name
 Y & O CLEANER TRADING, INC.

Principal Place of Business: 5231 GENEVA WAY APT#207 MIAMI FL. 33166-4624
 Mailing Address: 5231 GENEVA WAY APT#207 MIAMI FL. 33166-4624

2. Principal Place of Business: 14903 S.W. 80 STREET
 3. Mailing Address: SAME

Suite, Apt. #, etc.: 111

City & State: MIAMI FLORIDA

4. FEI Number: 65-0971526
 Applied For: Not Applicable

Zip: 33193 Country: USA

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

A0063537

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YOLANDA ORTIZ
 5231 GENEVA WAY #207
 MIAMI FLORIDA 33166

7. Name and Address of New Registered Agent

Name: YOLANDA ORTIZ
 Street Address (P.O. Box Number is Not Acceptable): 14903 S.W. 80 STREET APT#111
 City: MIAMI-FLORIDA FL Zip Code: 33166

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: *Yolanda L Ortiz*

APRIL-26-2001

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PRESIDENT	YOLANDA ORTIZ		
STREET ADDRESS	14903 S.W. 80 STREET		
CITY-ST-ZIP	MIAMI FL. 33193		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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: *Yolanda L Ortiz*

APRIL-26-01

305-408-4939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #