

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V32011

1. Entity Name

YOBELI CORPORATION

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90088 017 \*\*\*150.00

Principal Place of Business

Mailing Address

8355 SW 56 ST  
MIAMI FL 33155  
US

8355 SW 56 ST  
MIAMI FL 33155-5424  
US

2. Principal Place of Business

7800 S.W 73 PLACE

3. Mailing Address

7800 S.W 73 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33143

Country

MIAMI DADE

Zip

33143

Country

MIAMI DADE

4. FEI Number

65-0346432

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

BELTRAN, ELIZABETH

~~8355 SW 56 STREET~~  
~~MIAMI FL 33155~~

7800 S.W 73 PLACE  
MIAMI FL 33143

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, 2000 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	VP	Delete
NAME	BELTRAN, ELIZABETH	
STREET ADDRESS	8355 SW 56 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	Delete
NAME	BELTRAN, YOLANDA	
STREET ADDRESS	8355 SW 56 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	Delete
NAME	RODRIGUEZ, RENE	
STREET ADDRESS	8355 SW 56 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/2000

(305) 667 5088