Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## **FILED** Jan 25, 2001 8:00 am Secretary of State DOCUMENT # 649850 1. Entity Name D'ACCORD, INC. 01-25-2001 90182 020 \*\*\*150.00 Principal Place of Business Mailing Address 545 NW 28TH ST 545 NW 28TH ST MIAMI FL 33127 MIAMI FL 33127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1954753 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONTRERAS, RAFAEL JR Street Address (P.O. Box Number is Not Acceptable) 435 CATALONIA AVE. **CORAL GABLES FL 33134** City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITI F Change Addition NAME CONTRERAS, RAFAEL NAME STREET ADDRESS STREET ADDRESS 810 ANASTASIA AVE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 00000 Delete TITLE Change Addition NAME UTSET, YOLANDA NAME STREET ADDRESS STREET ADDRESS 810 CATALONIA AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 00000 TITLE TITLE Delete Change Addition NAME NAME CONTRERAS, RAFAEL JR STREET ADDRESS STREET ADDRESS 435 CATALONIA AVE. CITY-ST-71P CITY-ST-ZIP CORAL GABLES FL TITLE ☐ Delete TITLE Change Addition NAME GONZALEZ, EVELIO NAME STREET ADDRESS 10010 SW 3RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FLA 00000 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of instee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

OR DIRECTOR