

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
May 26, 2000 8:00 am
Secretary of State

05-02-2000 90114 001 ***150.00

DOCUMENT # P99000065993

1. Entity Name

DPI FRANCHISE, INC.

Principal Place of Business

9721 COSTA DEL SOL BLVD
 MIAMI FL 33178

Mailing Address

9721 COSTA DEL SOL BLVD
 MIAMI FL 33178-2398

2. Principal Place of Business

15990 NW 49 AVE

3. Mailing Address

15990 NW 49 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FLORIDA

Zip

33014

Country

Zip

33014

Country

4. FEI Number

65-0987536

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLACID, RAYMOND
 1172 SOUTH DIXIE HIGHWAY #293
 CORAL GABLES FL 33146

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.

(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 | D | <input type="checkbox"/> Delete |
| NAME | GORRIN, JUAN | |
| STREET ADDRESS | 9721 COSTA DEL SOL BLVD | |
| CITY-ST-ZIP | MIAMI FL 33178 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GORRIN, ALVARO | |
| STREET ADDRESS | 9721 COSTA DEL SOL BLVD | |
| CITY-ST-ZIP | MIAMI FL 33178 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | IGNACIO MORENO | |
| STREET ADDRESS | 15990 NW 49 Avenue | |
| CITY-ST-ZIP | Miami FL 33014 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ALVARO GORRIN | |
| STREET ADDRESS | 2976 SW 8 Street | |
| CITY-ST-ZIP | Miami FL 33135 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | ALEJANDRA CAROLINA GORRIN | |
| STREET ADDRESS | 10700 W. Flagler Street | |
| CITY-ST-ZIP | Miami FL 33174 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00 (305) 624 74 22

Date Daytime Phone #

CR2E034 (9/99)