

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90042 031 ***150.00

DOCUMENT # P99000065993

1. Entity Name
DPI FRANCHISE, INC.

Principal Place of Business
**15990 NW 49TH AVENUE
 HIALEAH FL 33014**

Mailing Address
**15990 NW 49TH AVENUE
 HIALEAH FL 33014**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0987536

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	GORRIN, JUAN	
STREET ADDRESS	10574 NW 51 ST	
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	MORENO, IGNACIO	
STREET ADDRESS	15990 NW 49TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GORRIN, ALVARO	
STREET ADDRESS	400 S DIXIE HWY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GORRIN, ALEJANDRA C	
STREET ADDRESS	10424 NW 69 ST	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
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 type="checkbox"/> Addition
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: *Ignacio Moreno* **IGNACIO MORENO - PR. 4/26/02 305-6247422**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #