

3/15

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 8:00 am**
Secretary of State

03-15-2001 90207 032 ***150.00

DOCUMENT # 614408

1. Entity Name

D & B INC.

Principal Place of Business

**4400 GRANADA BLVD
CORAL GABLES FL 33146
US**

Mailing Address

**7446 SW 48TH STREET
UNIT 32
MIAMI FL 33155
US**

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 **59-2074378**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, EUJO R.
569 NW 98 CT.
MIAMI FL 33172**

7. Name and Address of New Registered Agent

Name

Sonia Rodriguez

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

7446 SW 48 ST

City

Miami**FL**

Zip Code

33155

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, 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

TITLE **PD** ☐ Delete
NAME **RODRIGUEZ, DANIEL A.**
STREET ADDRESS **4400 GRANADA BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**TITLE **V** ☒ Delete
NAME **PEREZ, REINALDO**
STREET ADDRESS **5081 S.W. 96 AVE.**
CITY-ST-ZIP **MIAMI FL**TITLE **ST** ☐ Delete
NAME **RODRIGUEZ, DIEGO R.**
STREET ADDRESS **4400 GRANADA BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Diego Rodriguez**
STREET ADDRESS **6890 Sunset Drive**
CITY-ST-ZIP **Miami, FL 33156**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Rodriguez

3/8/2001

305 666 3333

CR2E034 (10/00)