

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**

03-25-2000 90014 016 \*\*\*150.00

**DOCUMENT # K32124**

1. Entity Name

**DEEL EXPORT SALES, INC.**

Principal Place of Business

Mailing Address

**4811 LEJEUNE REOAD  
 CORAL GABLES FL 33146  
 US**

**4811 LEJEUNE REOAD  
 CORAL GABLES FL 33146  
 US**

CU044835



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3650 BIRD ROAD**

3. Mailing Address

**3650 BIRD ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FLORIDA**

City & State

**MIAMI FLORIDA**

4. FEI Number

**65-0073143**

Applied For

Not Applicable

Zip

Country

**33133 USA**

Zip

Country

**33133 USA**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAVITZ, HAROLD P.  
 7600 W 20TH AVE  
 SUITE 223  
 HIALEAH FL 33016**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PD BELLOSTA, JOSE**  
 STREET ADDRESS **940 S FEDERAL HWY**  
 CITY-ST-ZIP **POMPANO BEACH FL**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS **3650 BIRD ROAD**  
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE  Delete  
 NAME **SD O'MALLEY, DAN**  
 STREET ADDRESS **940 S FEDERAL HWY**  
 CITY-ST-ZIP **POMPANO BEACH FL**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS **3650 BIRD ROAD**  
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE  Delete  
 NAME **VD BELLOSTA, CARLOS**  
 STREET ADDRESS **4811 LEJEUNE ROAD**  
 CITY-ST-ZIP **MIAMI FL 33146**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS **3650 BIRD ROAD**  
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
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Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
 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:

*Dan O'Malley*  
 SECRETARY

2/9/00

305-444-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #