## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # L20707** Mar 07, 2000 8:00 am 1. Entity Name Secretary of State DEPAC INTERNATIONAL, CORPORATION 03-07-2000 90040 004 \*\*\*150.00 Principal Place of Business Mailing Address 777 NW 72 AVE 777 NW 72ND AVE 2BB49 2BB49 C0033297 MIAMI FL 33126 **MIAMI FL 33126** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0148071 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DABUL, MARCOS E. Street Address (P.O. Box Number is Not Acceptable) 16711 COLLINS AVE STE 1907 N. MIAMI BEACH FL 33160 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change TITLE ☐ Delete TITLE DABUL, MARCOS E NAME NAME STREET ADDRESS STREET ADDRESS 16711 COLLINS AVE STE 1907 CITY-ST-ZIP CITY-ST-ZIP NO MIAMI BEACH FL ☐ Addition Delete TITLE Change TITLE NAME NAME LISMAN-DABUL, SUSANA A STREET ADDRESS STREET ADDRESS -167.11 COLLINS AVE STE 1907. CITY-ST-ZIP CITY-ST-7IP NO MIAMI BCH FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 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

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in address, with all other like empo

changed, or on an attachment with