

2000 UNIFORM BUSINESS REPORT (UBR)

FILED


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/30/02--01058--030
****308.75 ****308.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000014541			
1. Entity Name DD-1, INC.			
Principal Place of Business 3165 SW 99 CT. MIAMI, FL 33165		Mailing Address	
2. Principal Place of Business 10481 SW 40TH ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33165	Country MIAMI-DADE	Zip	Country
4. FEI Number 65-0981233		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75		Additional Fee Required	
6. Name and Address of Current Registered Agent MARIA PALENZUELA 3165 SW 99TH CT MIAMI, FL 33165		7. Name and Address of New Registered Agent Name MARIA PALENZUELA Street Address (P.O. Box Number is Not Acceptable) 2660 SW 111TH COURT City MIAMI FL Zip Code 33165	
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 		MARIA PALENZUELA Date 8/27/2002	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES EDUARDO PALENZUELA 3165 SW 99 CT. MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT EDUARDO PALENZUELA 2660 SW 111TH COURT MIAMI, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC MARIA PALENZUELA 3165 SW 99TH CT MIAMI, FL 33165 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY MARIA PALENZUELA 2660 SW 111TH COURT MIAMI, FL 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

SECRETARY

8/27/2002

CR2E034 (9/99)

DD-1, INC.
10481 SW 40TH ST
MIAMI, FL 33165

(305)225-0200

P-14541

August 27, 2002

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

To Whom It May Concern:

We hereby request the abatement of the penalty of \$600 for reinstatement of our corporation Uniform Business Report. We did not receive the UBR report for last year. Please note our different address.

Thank you for your consideration.

Sincerely yours,



Maria Palenzuela, Sec./ Register Agent