

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90002 017 ***150.00

DOCUMENT # P00000030937

1. Entity Name
THE DISC EMPIRE INC.

Principal Place of Business
11902 N.W. 12 ST
PEMBROKE PINES FL 33026

Mailing Address
11902 N.W. 12 ST
PEMBROKE PINES FL 33026

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

65-0994763

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUESO, DANNY
11902 N.W. 12 ST
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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 PD ☐ Delete
NAME DUESO, DANNY
STREET ADDRESS 11902 N.W. 12 ST
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VRD ☒ Delete
NAME ANDRADE, NELSON
STREET ADDRESS 1117 N.W. 126 COURT
CITY-ST-ZIP MIAMI FL 33182

TITLE VPD ☒ Change ☐ Addition
NAME DUESO, ALEX
STREET ADDRESS 17350 NW 74 AVE Apt #102
CITY-ST-ZIP MIAMI, FL 33015

TITLE SD ☐ Delete
NAME DUESO, ALEX
STREET ADDRESS 9021 N.W. 193 TERR.
CITY-ST-ZIP MIAMI FL 33018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0025210 AV

CR2E034 (5/01)

ATTACHMENT

Dear Sirs

This letter is to explain why I have sent this payment so late. I just received this letter a few weeks ago. I have moved out of this residency where the paperwork was sent and my wife told me that she never received it. I spoke to a representative from your office about 2 weeks ago, and they told me that It would be OK to send payment of \$150.00 U.S Dollars.

Thank you for your understanding in this urgent matter. P000000030937

Kindest Regards,
Danny Dueso

B0003316