

2001 UNIFORM BUSINESS REPORT-(UBR)

4/2

FILED
Jun 04, 2001 8:00 am
Secretary of State

04-27-2001 90321 001 ***158.75

DOCUMENT # P00000038109

1. Entity Name

DAGU AUTO SALES, INC.

Principal Place of Business

717 PONCE DE LEON BLVD.
 SUITE #331
 CORAL GABLES FL 33134

Mailing Address

717 PONCE DE LEON BLVD.
 SUITE #331
 CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0999979

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, GUSTAVO
 717 PONCE DE LEON BLVD.
 SUITE #331
 CORAL GABLES FL 33134

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 \$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	PTD	<input checked="" type="checkbox"/> Delete
NAME	URENA, DARIO	
STREET ADDRESS	717 PONCE DE LEON BLVD. #331	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SUAREZ, GUSTAVO	
STREET ADDRESS	717 PONCE DE LEON BLVD. #331	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CABRERA, NELSON	
STREET ADDRESS	717 PONCE DE LEON BLVD. #331	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	ALVAREZ, DANIELLY	
STREET ADDRESS	717 PONCE DE LEON BLVD. #331	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, DANIELLY	
STREET ADDRESS	3509 S.W. 29th ST.	
CITY-ST-ZIP	MIAMI, FL-33133	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMOR, PEDRO	
STREET ADDRESS	2937 N.W. 26th ST.	
CITY-ST-ZIP	MIAMI, FL-33142	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, GUSTAVO	
STREET ADDRESS	717 PONCE DE LEON BLVD #331	
CITY-ST-ZIP	CORAL GABLES, FL-33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gustavo Suarez - GUSTAVO SUAREZ 04/16-01 305-461-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)