

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90144 012 ***150.00

DOCUMENT # P00000055767

1. Entity Name
D'PAPEL LIMITED CORP.

Principal Place of Business
 15600 N.W. 67TH AVE., SUITE 310
 MIAMI LAKES FL 33014

Mailing Address
 15600 N.W. 67TH AVE., SUITE 310
 MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15600 NW 67 ave

3. Mailing Address
15600 NW 67 ave

Suite, Apt. #, etc.
ste 310

Suite, Apt. #, etc.
ste 310

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

4. FEI Number
651014894

☒ Applied For
☐ Not Applicable

Zip
33014

Country
USA

Zip
33014

Country
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

GASTES, RAUL JR
15600 N.W. 67TH AVE., SUITE 310
MIAMI LAKES FL 33014

Name
Alex Gomez
 Street Address (P.O. Box Number is Not Acceptable)
15600 NW 67 ave
ste 310
 City
Miami Lakes FL Zip Code
33014

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 **ALEX GOMEZ PRESIDENT** **4/14/01**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, ALEX 15600 N.W. 67TH AVE., SUITE 310 MIAMI LAKES FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: **ALEX GOMEZ** **4/14/01** **305-725-8609**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)