

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90196 022 \*\*\*150.00

DOCUMENT # P00000071511

1. Entity Name

INVERSIONES D & D USA, INC.

Principal Place of Business

6801 NW 112 AVENUE  
MIAMI FL 33178

Mailing Address

6801 NW 112 AVENUE  
MIAMI FL 33178

2. Principal Place of Business

2101 NW 84ave

Suite, Apt. #, etc.

3. Mailing Address

2101 NW 84ave

Suite, Apt. #, etc.

City & State

miami Florida

Zip

33122

Country

City & State

miami Florida

Zip

33122

Country

4. FEI Number

651029198

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, DON ESQ.  
9050 PINES BLVD.  
SUITE 45-F  
PEMBROKE PINES FL 33024

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

AND 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	PD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, CLAUDIA	
STREET ADDRESS	6801 NW 112 AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, EDGAR	
STREET ADDRESS	6801 NW 112 AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, EDGAR	
STREET ADDRESS	2101 NW 84 ave	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, CLAUDIA	
STREET ADDRESS	2101 NW 84 ave	
CITY-ST-ZIP	MIAMI FL 33122	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-01

Date

3055975989

Daytime Phone #

CR2E034 (10/00)