

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90010 001 ***150.00

DOCUMENT # P00000080147

1. Entity Name
DISRECA, INC.

Principal Place of Business

3400 CORAL WAY
SUITE 600
MIAMI FL 33145

Mailing Address

3400 CORAL WAY
SUITE 600
MIAMI FL 33145

2. Principal Place of Business

12871 NW 8 St
Suite, Apt. #, etc.

3. Mailing Address

12871 NW 8 St
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33182

Country

Zip

33182

Country

4. FEI Number

65-1037063

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARMIENTO, CARLOS A
3400 CORAL WAY
SUITE 600
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12871 NW 8 St

City

Miami

FL

Zip Code

33182

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 PD
NAME SARMIENTO, CARLOS A
STREET ADDRESS 3400 CORAL WAY, SUITE 600
CITY-ST-ZIP MIAMI FL 33145 ☐ Delete

TITLE VSD
NAME SARMIENTO, YOLIMAR
STREET ADDRESS 3400 CORAL WAY, SUITE 600
CITY-ST-ZIP MIAMI FL 33145 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12871 NW 8 St
CITY-ST-ZIP Miami FL 33182

TITLE ☒ Change ☐ Addition
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STREET ADDRESS 12871 NW 8 St
CITY-ST-ZIP Miami FL 33182

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 (305) 485-9300
Date Daytime Phone #

CR2E034 (10/00)