

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91603 037 ***150.00

DOCUMENT # **P01000015546** ✓
1. Entity Name

DG CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16020 SW 109 St.
Suite, Apt. #, etc.

3. Mailing Address
16020 SW 109 St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1082177
Applied For
☒ Not Applicable

Zip
33196
Country
USA - (MIAMI-DADE)

Zip
33196
Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BALCAZAR PILAR
Street Address (P.O. Box Number is Not Acceptable)
8820 SW 132 PL. Ap. 301
City
MIAMI **FL** Zip Code
33186

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP | P+S DARIO SAMBOA 16020 SW 109 St. MIAMI, FL 33196 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE **Dario Samboda** **DARIO SAMBOA** **05/22/02** **305-387-9961**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)