182

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (~~UBR~~)

FILED

04 APR -5 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000032687

1. Entity Name

DUKFRESE, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

MRD

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4466 NW 74TH AVE | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI FLORIDA | City & State |
| Zip: 33166 Country | Zip Country |

4. FEI Number: 65-1099705 ☐ Applied For ☐ Not Applicable

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: IVAN C. MOYEDA

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

10832 SW 75 Terr

City: MIAMI FL Zip Code: 33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ 200038015752
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) 04/27/04--01031--004 **300.00
DATE

**January 1 - May 1 Fee is $150.00**
**After May 1 Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|---|---|---|---|
| TITLE P<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | IVAN C. MOYEDA<br>10832 SW 75 Terr.<br>MIAMI, FL. 33173 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $ 300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003, 2004 or any other notice from the Division of Corporations in respect with the Corporation **DUKFRESE, INC**

Thank you for your courtesy in this matter.

IVAN C. MOYEDA
PRESIDENT