

2003. **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

03 MAY 29 PH 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000046107**

1. Entity Name
D & P Clothing, Import, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5715 Rodman St.		3. Mailing Address 5715 Rodman St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33023	Country Barrow, U.S.A	Zip 33023	Country Barrow, U.S.A

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 65-1105101	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name Blanca Prieto Street Address (P.O. Box Number is Not Acceptable) 5715 Rodman St. City Hollywood, FL Zip Code 33023	

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 **Blanca Prieto** DATE **3/11/03**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)

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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Blanca Prieto 5715 Rodman St. Hollywood, FL 33023	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Maria Hilda Diaz 5715 Rodman St Hollywood, FL 33023	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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: **Maria Hilda Diaz** DATE **3/11/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/02)