

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90130 028 ***150.00

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1. Entity Name
DRG.COM CORP.



Principal Place of Business
**270 SW 58TH AVE.
MIAMI FL 33144**

Mailing Address
**270 SW 58TH AVE.
MIAMI FL 33144**



2. Principal Place of Business

**7135 Collins Ave
Suite, Apt. #, etc.
#402**

3. Mailing Address

**7135 Collins Ave
Suite, Apt. #, etc.
#402**

☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI Beach

City & State

MIAMI Beach

4. FEI Number

65-1105240

Applied For

☐ Not Applicable

Zip

33141

Country

MIAMI- Dade

Zip

33141

Country

MIAMI- Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, DANIEL RENE
270 SW 58TH AVE.
MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name

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

7135 Collins Ave #402

City

MIAMI Beach

FL

Zip Code

33141

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **GARCIA, DANIEL RENE**
STREET ADDRESS **270 SW 58TH AVE.**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 (305) 331-1099

Date

Daytime Phone #

CR2E034 (10/02)