

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91407 015 \*\*\*150.00

0693466 FP

**DOCUMENT # P01000059317**

1. Entity Name  
**D&G ASSOCIATES, INC.**



Principal Place of Business  
**9301 S.W. 92ND AVENUE  
SUITE B208  
MIAMI FL 33176**

Mailing Address  
**9301 S.W. 92ND AVENUE  
SUITE B208  
MIAMI FL 33176**

2. Principal Place of Business  
**12214 SW 8 St**

3. Mailing Address  
**12214 SW 8 St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State  
**Miami, FL**

4. FEI Number **65-1112842**

Applied For  
Not Applicable

33184 Country **USA**

33184 Country **USA**

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

**6. Name and Address of Current Registered Agent**

**GROSHAUS, DARIO  
9301 S.W. 92ND AVENUE  
SUITE B208  
MIAMI FL 33176**

**7. Name and Address of New Registered Agent**

Name **Dario Groshaus**  
Street Address (P.O. Box Number is Not Acceptable)  
**12214 SW 8 St**  
City **Miami** **FL** Zip Code **33184**

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 **DARIO GROSHAUS**  
Signature required. Printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/21/03**  
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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☐ Delete  
NAME **GROSHAUS, DARIO**  
STREET ADDRESS **12214 S.W. 8 ST.**  
CITY-ST-ZIP **MIAMI FL 33184**

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

TITLE **VD** ☐ Delete  
NAME **LEMARCHAND, JUAN PABLO**  
STREET ADDRESS **12214 S.W. 8 ST.**  
CITY-ST-ZIP **MIAMI FL 33184**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: **DARIO GROSHAUS, DARIO**  
Signature and Typed or Printed Name of Signing Officer or Director

**4/21/03** **305-441-7912**  
Date Daytime Phone #

CR2E034 (10/02)