

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071090

1. Entity Name  
DUPE USA, INC.

**FILED**  
Sep 15, 2002 8:00 am  
Secretary of State

09-15-2002 90086 001 \*\*\*550.00

Principal Place of Business  
1336 NW 168 AVENUE  
PEMBROKE PINES FL 33028

Mailing Address  
1336 NW 168 AVENUE  
PEMBROKE PINES FL 33028

2. Principal Place of Business  
8140 NW 74 AVE  
Suite, Apt. #, etc. SUITE #20  
City & State MIAMI-FL  
Zip 33166 Country DADE-USA

3. Mailing Address  
8140 NW 74 AVE  
Suite, Apt. #, etc. SUITE #20  
City & State MIAMI-FLA  
Zip 33166 Country FLA

4. FEI Number 65-1121554  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

CAS, LOUIS F  
8405 NW 53 STREET  
SUITE C-100  
MIAMI FL 33166

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 Max Added to Fee

## 11. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	PEDROSA, ANDRE L	
STREET ADDRESS	17111 NW 13TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GONCALVES, CARLOS	
STREET ADDRESS	1336 NW 168 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	T	<input type="checkbox"/> Delete
NAME	GONCALVES, CARLOS	
STREET ADDRESS	1336 NW 168 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> /
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> /
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> /
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> /
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> /
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS GONCALVES 9/13/02

Date

Daytime Phone #