

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90098 007 \*\*\*150.00

**DOCUMENT # P01000071090**

1. Entity Name  
**DUPE USA, INC.**



Principal Place of Business  
**8140 NW 74 AVE  
SUITE #20  
MIAMI FL 33166**

Mailing Address  
**8140 NW 74 AVE  
SUITE #20  
MIAMI FL 33166**

20044300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1121554**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
**Millennia Consulting Services Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2630 NE 203RD Street  
# 100  
Aventura FL 33180**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/21/03**

**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 ☐ Delete  
NAME **PSD**  
STREET ADDRESS **PEDROSA, ANDRE L**  
CITY-ST-ZIP **17111 NW 13TH ST  
PEMBROKE PINES FL 33028**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **GONCALVES, CARLOS**  
CITY-ST-ZIP **1336 NW 168 AVENUE  
PEMBROKE PINES FL 33028**

TITLE ☒ Change ☐ Addition  
NAME **VD**  
STREET ADDRESS **GONCALVES, CARLOS E**  
CITY-ST-ZIP **19280 SW 62 STREET  
PEMBROKE PINES FL 33332**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **GONCALVES, CARLOS**  
CITY-ST-ZIP **1336 NW 168 AVENUE  
PEMBROKE PINES FL 33028**

TITLE ☒ Change ☐ Addition  
NAME **T**  
STREET ADDRESS **GONCALVES, CARLOS E.**  
CITY-ST-ZIP **19280 SW 62 STREET  
PEMBROKE PINES FL 33332**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/21/03**

**866-3873842**

CR2E034 (10/02)