UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000082082

1. Entity Name

DOBLE "D1813", INC.

FILED
02 NOV -6 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business
13560 SW 99TH STREET
Suite, Apt. #, etc.

3. Mailing Address
901 PONCE DE LEON BLVD.
Suite, Apt. #, etc.
SUITE 606

DO NOT WRITE IN THIS SPACE

City & State: MIAMI, FL
Zip: 33186 County: MIAMI-DADE

City & State: CORAL GABLES, FL
Zip: 33134 Country: MIAMI-DADE

4. FEI Number
06-1628776
Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
SECUNDINO POZO

Street Address (P.O. Box Number is Not Acceptable)
13560 SW 99TH STREET

City: MIAMI FL Zip Code: 33186

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] SECUNDINO POZO 11/01/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 Additional

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT		
NAME	SECUNDINO POZO		
STREET ADDRESS	13560 SW 99TH STREET		
CITY - ST - ZIP	MIAMI, FL 33186		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
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11/06/02--01005--013 **150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 11/01/02
SIGNATURE AND PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SUB 33381P.1

DOBLE "D1813", INC.
901 Ponce de Leon Boulevard,
Suite 606
Miami, FL 33134

November 1,2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document #: P01000082082

To Whom It May Concern:

Through this letter please be advised that we changed our mailing address to 901 Ponce de Leon Boulevard, Suite 606, FL 33134. Accordingly we did not receive the Uniform Business Report for the year 2002 on a timely basis. In addition, our accountant at the time did not advise us of such requirements; therefore, we have subsequently hired a competent accountant which can guide us and hence will provide appropriate information so that we can fulfill all of our filing requirements on a timely basis. Attached please find a check for $150.00 for the filing fees. We respectfully request that you please abate any penalties assessed to our account.

We thank you in advance for your prompt attention to this matter. If you have any further question, do not hesitate to call my accountant, Susan M. Garcia, at (305) 446-7313.

Sincerely,

Segundino Pozo
President