

UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000082082**

1. Entity Name

DOBLE "D1813", INC.**FILED****02 NOV -6 AM 11:41****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DO NOT WRITE IN THIS SPACE**

Principal Place of Business 13560 SW 99TH STREET Suite, Apt. B, etc.		3. Mailing Address 901 PONCE DE LEON BLVD. Suite, Apt. B, etc. SUITE 606	
City & State MIAMI, FL		City & State CORAL GABLES, FL	
Zip 33186	County MIAMI-DADE	Zip 33134	County MIAMI-DADE

DO NOT WRITE IN THIS SPACE4. FEI Number
06-1628776Applies to
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
SECUNDINO POZOStreet Address (P.O. Box Number is Not Acceptable)
13560 SW 99TH STREETCity
MIAMIFL Zip Code
33186**DO NOT WRITE
IN THIS SPACE**

I, the above named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

NATURE ☒ **SECUNDINO POZO**
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**11/01/02**
DATEThis 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 \$81.28
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 Additional Fee****OFFICERS AND DIRECTORS**

1. PRESIDENT SECUNDINO POZO STREET ADDRESS 13560 SW 99TH STREET CITY - ST - ZIP MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY - ST - ZIP		8000008816258 11/06/02--01005--013 **150.00	
2. STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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, by 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 10 supplemental sheets with an address, with all other like empowered.

SIGNATURE: *SECUNDINO POZO***11/01/02**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

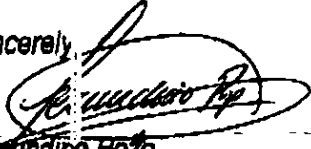
RE: Document #: P01000082082

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,


Segundo Poza
President