## 2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

## Mar 26, 2002 8:00 am **Secretary of State** P01000102972 DOCUMENT # 1. Entity Name 03-26-2002 90016 005 \*\*\*150.00 DISPOZ, INC. Principal Place of Business Mailing Address -7700-WEST-20TH-AVENUE-#21-B0050696 7700 WEST-20TH AVENUE #21 HIALEAH FL 33016-HIALEAH FL 30016 2. Principal Place of Business 3. Mailing Address 18455 MIRAMAR PKU SAME Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 115 2454 Applied For City & State City & State Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANCISCO TRESPALACIOS TRESPALACIOS, LARRY Box Number is Not Acceptable 5 MIRAMAR 14175 SW 87TH STREET C-104 **MIAMI FL 33183** City 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intaggible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE TITLE ☐ Addition Delete TRESPALACIOS, LARRY NAME NAME STREET ADDRESS STREET ADDRESS 14175 SW 87TH STREET C-104 CITY-ST-ZIP **MIAMI FL 33183** CITY-ST-ZIP Change PD TITLE ☐ Delete TITLE ☐ Addition TRESPALACIOS, FRANCISCO TRESPA*lacios, Francisco* NAME NAME 18455 MIRAMAR PKWY. #214 MIRAMAR-FL 33029 STREET ADDRESS 7760 WEST 20TH AVENUE #21 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE JOSE A. TRESPALACIOS NAME NAME 6520 SW IB STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI-FL. 33155 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 12 changed, or on an attachment with an address, with all other

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