

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90211 021 \*\*\*150.00

**DOCUMENT #** P02000032564

**1. Entity Name**  
DESIESCO INC



**Principal Place of Business**  
3350 NE 192 STREET APT B2M  
AVENTURA FL 33180

**Mailing Address**  
3350 NE 192 STREET APT B2M  
AVENTURA FL 33180



**2. Principal Place of Business**  
3350 NE 192 STREET

**3. Mailing Address**  
3350 NE 192 STREET

Suite, Apt. #, etc.  
APT B2M

Suite, Apt. #, etc.  
APT B2M

City & State  
AVENTURA FL

City & State  
AVENTURA FL

Zip  
33180

Zip  
33180

Country  
USA

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**  
74-3039319

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ESCOBEDO, DESPINA  
3350 NE 192 STREET APT B2M  
AVENTURA FL 33180

**7. Name and Address of New Registered Agent**  
Name: ISIDRO ESCOBEDO  
Street Address (P.O. Box Number is Not Acceptable): 3350 NE 192 STREET APT B2M  
City: AVENTURA FL Zip Code: 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]*  
Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

**9. Election Campaign Financing** ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**TITLE** PD ☐ Delete  
**NAME** ESCOBEDO, DESPINA  
**STREET ADDRESS** 3350 NE 192 STREET APT B2M  
**CITY-ST-ZIP** AVENTURA FL 33180

**TITLE** VD ☐ Delete  
**NAME** ESCOBEDO, ISIDRO  
**STREET ADDRESS** 3350 NE 192 STREET APT B2M  
**CITY-ST-ZIP** AVENTURA FL 33180

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**TITLE** ☐ Change ☐ Addition  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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

*1/7/03*

Daytime Phone #

CR2E034 (10/02)